(If death occurred in a hospital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred	F MARYLAND—CERTIFICATE OF DEATH U5766
Village or City  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  Length of residence in city or town and State  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  Length of residence in city or town and State  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  Length of residence in city or town and State  Length of residence in city or town and State  Length of residence in city or town and State  Length of residence in city or town and State  Length of residence in city	1 (860)
Length of residence in city or town where death occurred	me Churchel Registration Dist. No. 26
Length of residence in city or town where death occurred yrs. mos.  2. FULL NAME  (a) Residence: No.  (b) Jeystaniae  (c) St., Ward.  (c) Ward.  (down.) Ward.  (c) Ward.  (down.) Ward.  (down.) Ward.  (e) Ward.  (c) Ward.  (down.) Ward.  (e) Ward.  (c) Ward.  (down.) Ward.  (e) Ward.  (c) Ward.  (down.) Ward.  (e) Ward.  (e) Ward.  (e) Ward.  (e) Ward.  (e) Ward.  (e) War	edy Side No. St, Ward
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVERCED (write his word)  5a. If married, wildowed, or divorced HUSBAND of (Or) Wife of	
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Month  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BARK, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BARK, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BARK, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BARK, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BARK, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BARK, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BARK, etc.  DI Diber Contributory Causes of importance:  Dither Contributory Causes of importance:	lism Autonou
Cusual place of abode   If nonresident give city or town and State	attorille & Ward
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED, OR DIVORCED (write the word)  5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than Iday, hrs. or min.  8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  10. Date decessed last worked at this occupation (month and year)  Defer Contributory Causes of importance:  12. BIRTHPLACE (city or town)  MARY LAND  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Broken Neck  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Broken Neck  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Broken Neck  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Broken Neck  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Broken Neck  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on the data stated above, etc.  Diving in Shallow Water December 1. Date of on	
OR DIVORCED (write the word)  5a. If married, wildowed, or divorced HUSBAND of (or) Wife of  22. I HEREBY CERTIFY. That I ettended deceased for the contribution of the data stated above, et	CAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. That I ettended deceased for the contributory Causes of importance:  12. I HEREBY CERTIFY. That I ettended deceased for the contributory Causes of importance:  12. I HEREBY CERTIFY. That I ettended deceased for the contributory Causes of importance deceased for the contributory Causes of importance:  12. I HEREBY CERTIFY. That I ettended deceased for the contributory causes of importance deceased for the contributory causes of importance.  12. I HEREBY CERTIFY. That I ettended deceased for the contributory causes of importance deceased for the contributory causes of importance:  12. I HEREBY CERTIFY. That I ettended deceased for the contributory causes of importance:  13. I last saw h elive on to have occurred on the data stated above, et and the contributory causes of importance are a follows:  14. I last saw h elive on to have occurred on the data stated above, et and the contributory causes of importance are a follows:  15. I HEREBY CERTIFY. That I ettended deceased for the contributory causes of importance are a follows:  16. DATE OF BIRTH (month, day, and year)  18. I last saw h elive on to have occurred on the data stated above, et and the last save data of the process of importance are a follows:  18. Trade, profession, or particular kind of work done as SPINNER, sawyter, BOOKKEEPR, etc.  29. Industry or business in which work done as SPINNER, sawyter, BOOKKEEPR, etc.  20. Date of the contributory or business in which work done as SPINNER, sawyter, BOOKKEEPR, etc.  20. Date of the contributory or business in which work done as SPINNER, sawyter, BOOKKEEPR, etc.  20. Date of the contributory or business in which work done as SPINNER, sawyter, and the contributory or business in which we are a follows:  21. Date of the contributory or business in which work done as SPINNER, sawyter, and the contributory or business in which we are a follows:  22. Date of the contributory or business in which we are a follows:  23. Date of the contributory or business in which w	OR DIVORCED (write the word) 193 3
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  Iday, hrs.  or min.  8. Trade, profession, or particular  kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which  work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  Many Laws  13. 19  I last saw h. elive on , 19  I last saw h. elive on . 19  I last saw h. elive on	22. I HEREBY CERTIFY, That I ettended deceased from
Results of the profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  10: Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  16. I day, hrs. or min.  16. I day, hrs. or min.  16. I day, hrs. or min.  17. Intermining in Shallon Water Date of on were as follows:  28. Trade, profession, or particular were as follows:  29. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  17. BIRTHPLACE (city or town)  18. Trade, profession, or particular were as follows:  20. Date of on Shallon Water Date of One Shallon	aly 8. 1912 I last saw h elive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and year) — Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) Mary land	1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
year) Occupation Other Contributory Causes of importance:	Diving in Shallow Water) Broken Neck,
12. BIRTHPLACE (city or town) Mary land	spent in this occupation
(State of Country)	yland
THE 13. NAME	
13. NAME  14. BIRTHPLACE (city or town)  Name of operation  Date of	Name of operation Date of
(State or country) What test confirmed diagnosis? Was there an eulopsy?	What test confirmed diagnosis? Was there an eulopsy?
15. MATDEN NAME   23. If death was due to external ceuses (VIOLENCE) fill in also the following:   16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR RÉMOVAL  Place  Place  Date  Date  Date  Date  Date  Nature of injury  Nature of injury	and the same of the same
19. UNDERTAKER 24. Wes disease or injury in any way related to occupation of deceased?  (Address) / Agillo wille ma If so, specify	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED June 25., 19.33 Slee Segistrar. (Address) Gallimore, Requesting V. S. No. 1.	Les Registrar. (Address) Garfanville Ho

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
The principal cause of death and related eauses Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	A TOTAL TO THE SECOND S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	rițis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU V 5	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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		STATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH US	767
1. Pi	LACE OF	DEATH			46	
(	County	An	ne Arund	lel	Registration Dist. No. 21	2
		y Anna po		()f	No. 204 Prince George St.,  death occurred in a hospital or institution, give its NAME instead of street and it.  ds. How long in U.S. If of foreign birth? yrs. mi	Ward
2. F	ULL NAW	Emma .	J. Atwel	1		00
(	a) Residence	No. 204 Pr	Luce Ge (Usual place	orge e of abode)	St., Ward.  If nonresident give city or town and	State
I	PERSONA	L AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	a de	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH June 23 (Month) (Day)	, 193 3 (Year)
HU	orried, widower SBAND of WIFE of	d, or divorced			22. I HEREBY CERTIFY, That I attended	deceased from
					- A /	5 , 19 33
7. AGE	Years		Unknown Days	If LESS than 1 day,hrs.	to have occurred on the date(stated above, at	.; death is said
8. NO I	Trade, profess kind of wo SAWYER, I	ion, or particular rk done, as SPINNER, BOOKKEEPER, etc.	none	ormin.	were as follows: Carernone Irlins	Date of onset
9 8	SAW MILL	usiness in which done, as SILK MILL, , BANK, etc	11 Total	tima (vasca)		
0 0	this occupa	l last worked at ition (month and	Sp.	time (years) ent in this cupation	**	
	HPLACE (city State or count	or town)	aryland	•	Other Contributory Causes of importance:	Jan 1-9.
œ 13.	NAME	unknow	n		orner m	1
14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	BIRTHPLACE (	city or town) Unk	nown		Name of operation Date of What test confirmed diagnosis? Was there an a	
四 15.	MAIDEN NAM	e unkno	wn		23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. 16.	BIRTHPLACE (	orly or commy	known		Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
17. INFO	RMANT D	r. J. N. G nnapolis,	ilbert, Maryland	i.	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURI	AL, CREMATI	on, or removal			Manner of injury	
		John M. Ta Annapolis,	ylor. Md.		24. Was disease or Injury In any way related to occupation of deceased?	no
20. FILE	1/	4 , 19 33	0	Registrar.	(Signed) Musifier 1	. M. D
		If mor	e blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the eccupation avail the use of such indefinite terms as "emple

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Second Second	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. WRITE PLAINLY,

FOR BINDING

ARGIN RESERVED

1. PLACE OF DEA	TH	1,1717		82-0	68
County Any	e Arunde	1		Registration Dist. No.	/
Village or City				ceath occurred in a hospital or institution, give its NAME instead of street and s. 19 ds. How long in U.S. if of foreign birth? yrs. m	
2. FULL NAME		e Barn			
(a) Residence: No.	St. Me	CUsual place		rystand Ward.  If nonresident give city or town and	State
PERSONAL A	ND STATISTIC	CAL PART	fCULARS	MEDICAL CERTIFICATE OF DEATH	
	or or race .ack	OR DIVORCE	RRIED, WIDOWED, ED (write the word) ngle	June 10th (Month) (Day)	, 193
5a. If married, widowed, or dir HUSBAND of (or) WIFE of				July 22, 1931 to June 10th	deceased from
6. DATE OF BIRTH (month, d	av. and year) 18	86		I last saw h_im alive on_June_10, 19-33	
7. AGE Years 47	Months Unk	Days nown	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importanco were as follows:	Date of onset
8. Trade, profession, or kind of work done SAWYER, BOOKKI 9. Industry or business work was done, et SAW MILL, BANK 10. Date deceased last while sequential with the sequential of the sequential	e, as SPINNER, EEPER, etc in which	Unkno	n	Gerebral hemorrhage	4 hrs
10. Date deceased last w this occupation (m year)	orked at	sp:	time (years) ant In this upetion		-
12. BIRTHPLACE (city or town (State or country)				Other Contributory Causes of importance: Arteriosclerosis	2
13. NAME Will	iam H. B	arnes			
13. NAME WILL  14. BIRTHPLACE (city or (State or country)		and		Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME	Minnie	Campbe	ell	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country)	town) Mar	-		Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT	pital Re ownsvill		elend	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BURIAL CREMATION OR Place	REMOVAL	Date 6/11	. 3 3 ,19	Manner of Injury	
19. UNDERTAKER (Address)	R. P. W.	uluote	oupt.	24. Wes disease or injury in any way related to occupation of deceased.	
20. FILED July	1633 2	F. Stye	Registrar.	(Signed) Crownsville, Merylan	M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

RESERVED

V. S. No. 1

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Chronic interstitial nephritis	≈1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 4,	3 days ago
	1	A 1430	
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	10		

V. S. No. 1

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County		Projectation Diet No. 21
Village or City Council or	Gs.	No. St., War
Length of residence in city or town where deat		f death occurred in a hospital or institution, give its NAME/instead of street and number)  s
5 h 1	in occurred yrs.	re as- non long in a series of the series and the series are the series and the series and the series and the series are the series and the series and the series are the series are the series and the series are th
2. FULL NAME	1 30/34	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresideal give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
a. If married, widowed, or divorced		
HUSBANO of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year)	u1~1644	I last saw h A alive on Shall be the 9/19 32; death is sa
AGE Years Month's A	Pays If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	( 01 111116	Were as rollows: Oata of one
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) (State or country)	pro und	Other Coutributory Causes of importance:
13. NAME John Son Kol	yel	peacency
13. NAME 14. BIRTHPLACE (city or town)	to Jud	Name of operation Calculation Oate of What test confirmed diagnosis?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	the hounds	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bal		Accident, wicide of nomicide? Date of injury, 19
(State or country)	me	Where did injury occur?
7. INFORMANT JOSSEE 10 - 13	yer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Date June 2 , 193.3	Manner of injury
9. UNOERTAKER (Address)	dity.	24. Was disease or Injury In any way related to occupation of deceased?
0. FILEO Mue 1 19 3 3 Fm	nice Iny	(Signed) I Willia Marlin M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc., Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	all 201900	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago
	1			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

SIAIE  1. PLACE OF DEATH	OF MAR	YLAND-	CERTIFICATE OF DEATH 05771
1	91	71-1-1-1	<u> </u>
County CC L	, , , , _	00	Registration Dist. No.
Village Dr City  Length of residence In city or town wh	ere death occurred	Vrs. mos	No. St., Ward f death occurred in a hopotal or institution, give its NAME instead of street and number)  sds. How long in U. Stif of foreign birth?
	1/2	100 H	The state of the s
2. FULL NEME	Jorgan	121001	viene
(a) Residence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATE			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE	5. SINGLE, MAR	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  Showl 5 193 3
EM W	sign	<u></u>	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. 1 HEREBY CERTIFY, That I attended deceased from
(OI) WIFE OI	10		June 5 1933 to June 5 1933
6. DATE OF BIRTH (month, day, and year)	June D:	1.3	Valast saw h alive on stillborn 19 death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at weeking own -
		I day,hrs.	mere as follows:
8. Trade, profession, or particular			Maceraled male focture Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	******		dead probably 18 hours
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc			prib to deliver:
SAW MILL, BANK, etc.	1		
10. Date deceased last worked at this occupation (month and year)	sper	me (years) It in this Ipation	
Dec.	cresto A	20	Dther Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	July C.	1	- Pluraturity:
1 /	Ala-N	Lucian	- Baclula praena
14. BIRTHPLACE (city or town)	130090	The state of the s	felle placelula teluendoge
14. BIRTHPLACE (city or town)	tan will	Alija	Name of operation Date of
	Oi of	18	What test confirmed diagnosis? Was there an autopsy? Del
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Law son	The	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)		1/2	Accident, suicide, or homicide?
(State or country)	10 Callette		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Haself (Address) 24/1 west	Lamos	20 5 de	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	4 1	6 22	Manner of injury
Place Por al sure	Jate_ Date	, 1920	Nature of Injury
19. UNDERTAKER AND THE	pping.	5.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED June 6 , 133 g	mylc.	Registrar.	(Signed) Joseph D. D. (Address) 11. S. Naval Cakadeese
If n	sore blanks are needed a		2411 N Charles Street Relimore Requesting 91 S No.

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To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	
-)	
1	
pref	
No.	
vi	

1. PLACE OF DEATH	(93-(2)) Registration Dist. No.
County	Registration Dist. No.
Village or City	No. St., W  If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME (Saap Brown	
(a) Residence: No. 32 44 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	June 19 1023
mule coloned wichowel	(Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased
(or) WIFE of Halke hash Brever	March 1933 to Mine 19 7 103
6. DATE OF BIRTH (month, day, and year) doc 18 18 75	I last saw harm alive on June 921 133 death is
7#AGE Years Months Days If LESS than	to have occurred on the date state above, a 2:211 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, OKSLUMAN	Wint and I are tit
	1 out of the second
S Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	one day ! Con
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	
12. BIRTHPLACE (city or town).	Other Contributory Cances of importance:
(State or country)	Harley son Kente
13. NAME Adam Brown	
T	Name of operation.
14. BIRTHPLACE (city or town)	
e	What test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME TREBUILD BROWN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
Adı P	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Tourn Drown	Specify whether injury occurred in HOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 321 17 Keeky 18, BURIAL, CREMATION, OR REMOVAL	H
Place majoris heefs Date Ima 212 1933	Manner of injury
Date 4, 1930	Nature of injury
19. UNDERTAKER - 3 Johnson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Amajorlas	if so, specify
20. FILED TOL 21 1953 trayl C. Jan 4 210	(Signed) (Signed)
Registrar.	(Address) 17 - Clay / amy apoly, had.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL TO 1833	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	LEUREAU V. S	July 5,1927	Peritonitis	3 days ago
	4 - 20			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting JU. S. Hor see

Oate of enset

BINDING RESERVED RGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Form loborer, Loborer-Coal manc, etc. wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Former or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foremon, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Doy (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on icianus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicidc. The nature of the injury, Examples: Accidental drowning; Struck by railwoy train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need not be etc. The contributory valvular Nomenclature heart Measles; disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. ARGIN RESERVED AGE should be

FOR BINDING

V. S. No. 1

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLAINLY, WITH ż

1. PLACE					GERTIFICATE OF DEATH U5775
County	<u> </u>	ne Arun	ndel		Registration Dist. No. 21
Village o	City_Wo	st Anna	apolis	(1)	No. Weems Creek St., Ward death occurred in a hospital or iostitution, give its NAME instead of street and number)
					ds. How long in U.S. if of foreign birth?yrsmosds
			Joseph	Byrne	
		eems Cr	(Usual place		St., Ward.  If conresident give city or town and State
			ICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Has single			OR DIVORCE	D (write the word)	21. DATE OF DEATH June 2 193 3
male Sa. If married, wid	lowed, or dive		ES SI	usite .	(Month) (Day) (Year)
(or) WIFE of					22. I HEREBY CERTIFY, That I ettended decaesed fro
					, 19, to, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
. DATE OF BIRT	H (month, da: (ears	y, and year)	pril 28	1863	I last saw h ; death is se
. AGE	i ears	Wonths	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importence
107.	ofession, or pa	1 1	5	ormin.	were es follows:
9. Industry ( work   SAWY   9. Industry ( work   SAW   10. Date deco	cupetion (mo	nth end	spel	ime (yeers) nt in this upetion	Other Contributary Causes of importance:
12. BIRTHPLACE (Stata or c			aland		
13. NAME	Ric		rne		
13. NAME					Nama of operetion Date of
(State	or country)		land		Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN	NAME I.	ary kan	le		23. If death wes due to axternel causes (VIOLENCE) fill in elso the following:
		wn)			Accident, suicida, or homicide? Dete of injury, 19
(Stete	or country)		Irelan	α	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT(Address)	Mary	alice E	Byrne		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREM			med here		Menner of injury
Plece _ C	in	ادمها	Date.	. 19.33	Nature of injury
19. UNDERTAKER (Address)		hn M. T	aylor Md.		24. Was diseese or injury in any way ralated to occupation of deceesed?
20. FILED.	. 3	0_	10	An 600	(Signed) Lower III Harming M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every nem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
	VT RECORI	LY. PHYS	. Exact st	
ARGIN RESERVED FOR BINDING	PERMANE	EXACT	ly classified	ate.
ED FOR	V SI SIH.	be stated	r be proper	c of certifica
RESERV	NG INK-T	AGE should	that it may	ons on back
ARGIN	UNFADIR	supplied.	n terms, so	TION is very important. See instructions on back of certificate.
	VLY, WITH	e carefully	ATH in plai	portant. S
	ITE PLAIN	d bluods no	SE OF DE	I is very in
V. S. No. 1	N. BWR	matio	CAU	TION

V. S. No. 1

STATE OF MARYLA	AND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.6
County a a	Registration Dist. No. 21
Village or City Angles Control Or Length of residence In city or town where death occurredyrs	No. St., Ward  (If death occurred in a horpital or institution, five its NAME instead of street and number)  mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
	0.2 / 2.2
2. FULL NAME Henry le	0
(a) Residence: No. (Usual place of abod	St., Ward.  If nonresident give city or town and State
PETSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, 1 OR DIVORCED (write	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attanded deceased from
A DATE OF BIRTH (	193, to Market 1933 dath is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If	LESS than to have occurred on the data stated above, at 75 Am.
	y,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	min. were as follows: Dete of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Misocorditio with Miscordial.
9. Industry or business in which work was done, as SILK MILL	manfering / Unkno
work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronic Amororditie diration, not
10. Date deceased last worked at this occupation (month and 11.3.3.	als) /6 Jison Rune
year) occupation	Other Contributory Conces of importance:
12. BIRTHPLACE (city or town) 4 4 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	7
13. NAME Welliam loan	av
14. BIRTHPLACE (city or town) (State or country) & & & Co	Name of operation
	What tast confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
Harris B.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAUCHE CAMPANT (Address) & Burney At Campant	Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Breneel Hiel Date June 2	Nature of injury
h of Wall	7,0
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
1 1 1 1 1 1 1 1	If so, specify  (Signed) Lenge Charle M. D.
20. FILED THE 22, 1933 Tray 6 E of 7	Registrar. (Addrass) Decemportes mil
If more blanks are needed, address S	State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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of importance were as follows:  Arteriosclerosis 1915  Chronic interstitial nephritis 1921	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritoritis	1 week ago 1 week ago 3 days ago
Chronic interstitial nephritis 1921	Run over by street car	1 week ago
	***************************************	
Cerebral hemorrhage July 5,1927	Peritonitis .	3 days ago
Other contributeur gauges of importance	Other contributory causes of importance:	
Other contributory causes of importance:	Other contributory causes of importance.	1000
Gallstones May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE	SIAIL (	OF MAR	YLAND—	CERTIFICATE OF DEATH U5	7.7
County		ndei		Registration Dist. No.	,
Village or	City Crownsv	/1		No. St.,  I death occurred in a hospital or institution, give its NAME instead of street and nur  s. ds. How long in U.S. if of foreign birth?yrs	
2. FULL N (a) Resid	AIVIE	Chembers more Cit	y, Maryl		
PERSC	NAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RACE	5. SINGLE, MAR OR DAVORCE	RIED, WIDOWED,	21. DATE OF DEATH June 9th  (Month) (Day)	193 <b>3</b> (Year)
5a. If married, wid HUSBANO of (or) WIFE of	owed, or divorced			22. April HEREBY CERTIFY. That lettended de April 17th 1933, to June 9th	
6. DATE OF BIRT	H (month, day, end year)	1867	?	I ALIDE SID OF	death is sald
	fears Months	nown Days	If LESS than 1 day,hrs. ormin.	the RINCHAL CAUSE OF DEATH and related causes of importance	Oate of onset
9. Industry o	ofession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etcr business in which was done, as SILK MILL, MILL, BANK, etc	Ropfer		Exhaustion due to prolonged mania	?
	AILL, BANK, etcased last worked at cupation (month and	sp3	ime (years) nt in this ====		
12. BIRTHPLACE		Land		Other Contributery Canses of importance: Manic Depressive - manic type	?
13. NAME		oers			
	CE (city or town) or country)	yland		Name of operation Oate of	opsy?
	TARL		la la	23. If death wes due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	, 19
	ATION, OR REMOVAL	Oate 6/1	1, 30	Manner of injury  Nature of injury	
19. UNOERTAKER (Address)	> KPW.	ationing	Jupt	24. Was disease or injury in any way related to occupation of declased?	~ ?
20. FILEO MM	l.l., 19	24/0	Registrar.	(Signed) Crownsville, Maryland	J.D

If more blanks are needed, address Slate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CO

			(183)					
Aru	ındal		Registration Di	ist. No. 2.	1			
Cre	ek		No	St	Ward			
n whee	doeth convert		f death occurred in a hospital or institution, give its NAME is		number)			
			sds. How long in U.S. if of foreign birth?	yrs	mosds.			
	Frank C		First					
Fo	ourth St	Eastpo						
ATIST	TICAL PART		MEDICAL CERTIFICATE O	ve city or town an	d State			
ACE	1	RRIED, WIDOWED,	21. DATE OF DEATH	JF DEATH				
	OR DIVORC	ED (write the word)	June	4	. 193 3			
ie_	I sing	T.E	(Month)	(Day)	(Year)			
			22. I HEREBY CERTIFY.	That I attanded	d deceased from			
			, 19, to		, 19			
r) AU	12. 29.	1904	I last saw h alive on		; daath is said			
onths	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at-					
)	6	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas wara as follows:	of importance	Date of onset			
NER, T			T					
	Printer		Droroning Clecides	rlul				
L,			f					
	11. Total	tima (years) ant in this						
	sp	cupation	Dther Contributory Causes of importanca:					
Ann	apolis.	distribution						
	ryland.							
CI	cosby							
	Count	v	Nama of operation	Date of				
Ma	rvland.		What test confirmed diagnosis?					
Haz	zard		23. If death was due to external causes (VIOL ENCE) fill in					
. A	. Count	V	Accidant, suicide, or homicide leculeular Date of injury , 19					
N	laryland							
nie	Howard		(Specify city or tov Spacify whether injury occurred in INDUSTRY, in HOME	wn, county and Sta	ate)			
rt.								
2 0.	+ T	n 77	Manner of injury					
L Ge	em bate Jun	ie 7 , <sub>19</sub> 33	Natura of injury					
ayl	or	1 1 1 1 1 1 1 1 1	24. Was disease or Injury In any way related to occupation					
lis	Md	0	If so, specify					
Fr	my L C.	Any us ho	(Signed form MIH of br	m. Alla	/M. D.			
1	7	Registrar.	(Addrass) Am foli M	- u	nones			
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.					

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.- of OCCUPA-

1			OF	MAR	YLAND-	CERTIFICATE OF DEATH U5	1.9
	1. PLACE OF  County  Village or City	Anne Arm	nde] vil]		ate Pospi		Ward
	Length of reside	ence in city or town when	a death o	ccurred	(If	death occurred in a hospital or institution, give its NAME instead of street and nu	imber)
	2. FULL NAM			Curr			
No. of Concession, Name of	(a) Residence		ltir		lity, Mar	Vist nd Ward.  If nonresident give city or town and S	iate
	PERSONA	L AND STATIS	TICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	ma le	4. COLOR OR RACE black	5. SI 0	NGLE, MAR R DIVORCE	RIED, WIDOWED.	21. DATE OF DEATH June 25th (Month) (Day)	193. <b>3</b> (Yaar)
5a	. If married, widowed HUSBAND of (or) WIFE of	I, or divorcad				22. I HEREBY CERTIFY, That I attended do	
6	DATE OF BIRTH (m	anth day and was	189	35		im Tuna 95+h 22	death is said
-	AGE Years			Days	If LESS than	to have occurred on the date stated above, at \$ : 574. 9m.	death is said
	3	8 Unk	nowr	1	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
z	8. Trada, professi	on, or particular rk done, as SPINNER, ODKKEEPER, etc				General Paralysis of the	Oate of onset
S	SAWYER, B		B	otle	gger	Insane	?
UPA	9. Industry or bu	isiness in which Iona, as SILK MILL, BANK, etc					
OCCUPATION	1D. Date deceased this occupa year)	last worked at tion (month and		SP31	me (years) It in this		
12	2. BIRTHPLACE (city (State or countr		lend			Other Coutributory Causes of Importance:  Syphilis	.?
ER	13. NAME	Robert C	urry	r		-	
FATHER	14. BIRTHPLACE (		irgi	nia		Name of oparation Data of What test confirmed diagnosis? Was there an au	aneu?
ER	15. MAIDEN NAME	Alice (	Unkr	own)	WINE STREET	23. If death was due to external causes (VIDLENCE) fill in also tha following:	opsyr
MOTHER	16. BIRTHPLACE (	city or town)V_i_	rg-ir	ia		Accident, suicide, or homicide? Date of injury	, 19
17	/. INFORMANT (Address)	Hospital Crownsvi			/land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18	B. BURIAL, CREMATIO	IN, OB REMOVAL	Cur	6	7. 33	Manner of Injury	
	T Idea	MAARA C	. /	1.00	-DA -	Nature of injury	
19	O. UNDERTAKER	DI PARA	1:			24. Was disease or injury in any way related to occupation of excessed?	0
20	). FILED June	24,1933	24	Joyy	D. L. Registrar.	(Signed) (Address) (Address) (Address)	/ (M. D.

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EUMDAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

in plain terms, carefully OF DEATH be plnods CAUSE mation

1 ar 19. UNOERTAKER (Address)

16. BIRTHPLACE (city or town) (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT (Address)

> Manner of injury \_\_\_\_\_ Nature of injury.

24. Wes disease or injury in any way related to occupation of deceased? If so, specify

Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE,

Accident, suicide, or homicide?\_\_\_\_\_\_ Dete of Injury\_\_\_\_\_\_ 19\_\_\_\_\_

(Specify city or town, county and State)

Registrat. (Address) \_\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Where did injury occur?\_\_\_

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
THE RESERVE OF THE PARTY OF THE			7

		S	TATE O	FMA	RYI	LAND-	CERII	FICATE	OF DEA	IH 05	781
1	. PLACE OF	DEA.	ГН		_			(TET)			
	County Anne Arundel						Registration Dist. No. 27				
	Village or Cit	у	Fort Ge	eorge G		(1)	No	in a hospital or institu	n Hospita]	instead of street and	number)
	Length of resid	ence In ci	ty or town where d	eeth occurred.		_yrs7mos	10 ds.	How long in U.S. if	of foreign birth?	Unknown	osds.
2	. FULL NAW	1E	Abelardo	Diaz							
	(a) Residence	e: No	Fort Geor	rge G.M. (Usual pl			St.,	Ward.	If nonresident g	ive city or town and	l Sinte
	PERSONA	LAN	D STATISTI	CAL PAR	TICL	JLARS		MEDICAL C	ERTIFICATE	OF DEATH	
3.	Male		r or race		CED (	D, WIDOWED, write the word)	21. DATE	OF DEATH	June 14	(Dey)	, 193 3 (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divo	rced				22. on June		CERTIFY	, That I attended	
6.	DATE OF BIRTH (m	nonth, day	, end year) Ap	ril 22	, 18	192	I last saw h.	imelive on	June 14	19 32	; death is said
7.	AGE Years		Months	Days		If LESS than			ed above, at 11:3		
	4	1	1	22		l day,hrs. ormin.	were es follo	ows:	TII and related cause:		Date of goset
NOI	8. Trade, profess kind of wo SAWYER, I	ion, or pa ork done, BDDKKEE	articular as SPINNERPVT PER, etc. PVT	.lc1,C	0."0	",34thIn	Wound,	perfora <b>t</b> in er),skull.	g, (Gunshot Point of e	t32-Cal.	6/14/33
OCCUPATION	9. Industry or business in which work was done, essilk Mill, SAW MILL, BANK, etc			Right temporal region, 15 anterior to and 5 above right auricle Point of exit; Left temporal region, 3 above				,0			
00	10. Date deceased this occupa year)	l lest wor ation (mo	ked at http://whe 193	11. Tot	al time spant ir ocaupat	(years) n this ion17	and 3"	enterior t	o left au	ricle.	
12.	BIRTHPLACE (city	or town)	Coru	ına			Diner Court		ortance:		
	(State or count	ry)		Spain	1		-				
1ER	13. NAME	Unk	nown								
FATHER	14. BIRTHPLACE (		wn) Unkno	wn Unkno	own		Name of ope		clinical	Date of Was there an	
ER	15. MAIDEN NAM	E Se	nora Amal	ia Lope	ez						
MOTHER	16. BIRTHPLACE (		wn) Unkno	wn Unkno	own		23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide? Suicide Date of injuryJune 14,933  Where did injury occur? Severn, (Anne Arundel Co) Md.				) Md.
17.	INFORMANTS	ervi	ce Record				Specify whet	ther injury occurred in In ho	(Specify city or t in INDUSTRY, in HON	own, county and Sta NE, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATH ery <sub>lec</sub> (Alexa	on; or s andr:	emoval Arli	ngton N	lati	onal Ceme 21 ,19 33	mannor or m		wound - wound of		
19.	. UNDERTAKER		hite Co., Laurel, M	d (				se or injury	avelated to occupe		No
20.	FILED June			63/6	IAN,	Col., M.C Registrar.	(Signed	) F.T. CHAI	BERLIN, Ma George C	jor Medica	1. Comps

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Case reported to the Bureau of the Census.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-'	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		

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ite	S	of	1
RD. Every	YSICIANS	statement	1
RECO	Y. PH	Exact	
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCG	
IS A PE	stated E	properly	certificate
HIS	pe	pe	of
INK-T]	plnous 2	t it may	on back
DING	AGE	so that	ctions
UNFAI	supplied.	terms,	e instru
WITH	refully a	in plair	ant. S.
PLAINLY,	ould be can	F DEATH	ery import
WRITE	mation she	CAUSE 0	TION is very important. See instructions on back of certificate.
ä			

RGIN RESERVED FOR BINDING

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	5782
County Anne Arun	2 - 7		(183)	
•			Registration Dist. Np. 21	
Village or City Fairy	Lew Reach	(16	ND. St., f death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence in city or town w	here death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	.mosds.
2. FULL NAME	Thomas Vi	ncent Duc	gan	
(a) Residence: No. 1925	U. Baltim (Usualplac	ore st.	St., Ward.  If nonresident give city or town a	and State
PERSONAL AND STAT	ISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
male white	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  June Isth	, 193_3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	<u>, s.u.,</u>		22.   HEREBY CERTIFY, That I attended	ed deceased from
			, 19, to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month	Jan. 28t		I last saw h aliva on	; death is said
		If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
2I 4	20	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNEI SAWYER, BDDKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Accidental drowning	
10. Data daceased last worked at this occupation (month and year)	11. Total sp	time (years) ent in this cupation	Oha Catilata Canada	
12. BIRTHPLACE (city or town) Ralt	imare		Other Contributory Causes of Importance:	
(State or country)		d		
13. NAME John Du	ggan			
14. BIRTHPLACE (city or town)			Name of operation Date of	
(State or country)	Irela	nd	What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME Mary			23. If death was due to external causas (VIDLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town) (Stata or country)	Irela	nd	Accident, suicide, or homicide? Data of Injury Whera did injury occur?	
17. INFORMANT Margaret (Address) TOOS W	W. Dyggan		(Specify city or town, county and S Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place New Cathed 1			Manner of Injury	
19. UNDERTAKER Harry (Address)	. II. Wetzl	ce	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED. 6 - 18, 19 33	Z-a.	Registrar.	(Signed) Z. U. Sieb (Address) / Carac enco	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	Maria de la constanta de la co	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V 8.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	2 III
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR F	URTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
- 1			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

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STATE OF MARYLAND-	CERTIFICATE OF DEATH 05784
1. PLACE OF DEATH	
County Anne Arundel	Registration Dist. No. 27
Village or City Fort George G.Meade	No. Quarters, 0-18 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S.if of foreign birth?ds.
2. FULL NAME John Morris Field	
(a) Residence: No. Fort George G.Meade, Md. (Usual place of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note: S. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the word) Widowed	21. DATE OF DEATH  June 19 , 193 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) ************************************	22. I HEREBY CERTIFY, That I attended deceased from June 14 1933 to June 19 1933
6. OATE OF BIRTH (month, day, and year) December 8, 1858	Hast saw h im alive on June 19 19 33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:15 Am.
74 6 11 1 dey,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Colonel (Retired) SAWYER, BOOKKEEPER, etc.	1.Arteriosclcrosis, diffuse 1925
kind of work done, as SPINNER, Colonel (Retired)  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, U.S.ATMY  10. Date deceased last worked at this occupation from the property and the prop	2. Myocarditis, chronic 1929
10. Date decesed last worked at this occupation mouth and per 1922 spant in this occupation 29	
12. BIRTHPLACE (city or town) Toledo (State or country) Ohio	Other Contributory Causes of Importance:
13. NAME Andrew Jackson Field	
13. NAME Andrew Jackson Field  14. BIRTHPLACE (city or town) Sackett Harbor (State or country) N.Y.	Name of operation Date of What test confirmed diagnosis? Clinical Was there an au'opsy? No No Date of No
15. MAIOEN NAME Carolina Amelia Morris	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sackett Harbor (State or country) NAY	Accident, suicide, or homicide?
17. INFORMANT Captain H.O.Lane, 34th Infantry (Address) Fort George G.Meade, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL-Arlington National Cemeratery (Alexandria Co) Va <sub>Date</sub> June 21 , 19 33	Manner of injury
19. UNOERTAKER W.C. White Co., Inc., (Address) Laurel, Maryland	24. Was disease or injury in any way related to occupation of deceased? NO  If so, specify See See See See See See See See See Se
20. FILED June 19, 1933 C.E. FREEMAN, Col., M.C.	(Signed) ELI E.BROWN, Major, Medical Corps M.D. (Address) Fort George G.Meade, Md.

Case reported to the Bureau of the Census.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WARGIN RESERVED FOR BINDING

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	0578
1. PLACE OF DEATH		34)	22
County Anne Arunde	1	Registration Dist. No.	dd.
Village Dr CityJessup,		ND. St.,  f death occurred in a hospital or institution, give its NAME instead of street a	nd number)
Length of residence in city or town where o	leath occurredyrsmo	s. 20ds. How long in U.S. if of foreign birth?yrs	_mosd:
2. FULL NAME Gladys F (a) Residence: No. Marylan		ection Ward. 113 Jenking St.  If nonresident give city or town	nd and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE Female Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)	21. DATE OF DEATH June 3 (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attend June 2 1933, to June 3	ded deceased fro
6. DATE OF BIRTH (month, day, and year)	6/15/11	I last saw hher alive on June 3, 19.	33; death is sa
7. AGE Years Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 12.15.mNoon The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Nocesework	Nitritoid Reaction	6/2/3
this occupation (month and year)  12. BIRTHPLACE (city or town)	spent in this occupation	Other Contributory Causes of importance:	
(State er country)	<b>1</b>	Syphilis	2
13. NAME fames	tur		
14. BIRTHPLACE (city or town)	known	Name of operation Date of	of
(State of country)		What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Marel	Stanly.	23. If death was due to externel causes (VIOL ENCE) fill in also the follo	wing:
15. MAIDEN NAME Marel  16. BIRTHPLACE (city or town)  (State or country)	nknown.	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Sury &	Pricus Lessus mr.	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date June 5, 193	Manner of Injury	
19. UNDERTAKER PR. MON. (Address)	skall	24. Was disease or injury in any way related to occupation of deceased	t no
20. FILED June 5, 1933 10	aram Housing Registrar.	(Signed) Alley Man	1 d M.

\_\_ M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. RECORD & MARGIN RESERVED FOR BINDING H UNFADING INK--THIS IS A PERMANE AINLY, W WRITE V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
1	County Clime Gundle	CERTIFICATE OF DEATH
	0	Registration Dist. No.
	Village or City Curofoll (No. Mus	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June 25, 1983. (Month) (Day) (Year)
	(Month) (Day) (Year)	that I last saw h waslive on Hung 24, 1923
	7 AGE  67 yrs. 4 mos. 19 ds. or min.?	and that death occurred on the date stated above, at
1	(a) Trade, profession or Salesman	Cerebal Hemonlage
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos 3 ds.
	9 BIRTHPLACE (State or country)  (L. Co m	Secondary  (Duration) yrs
	10 NAME OF FATHER Samuel Hardner	(Signed) Wallow It Hayland M. D.
	OF FATHER  (State or country) Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Eliga Bevan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	of MOTHER (State or Country) a a a a	At place of death yrs mos des.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death
	(Informant) Brooke Gardner	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 2309 Homesorof ave falk an	Order Park soft une 29, 1930
	Filed Duc 26 19213 to y (C. fra That Registrar	B & Hopping amorte, m
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Ballo., Requesting V. S. No. 1.

(Approved by U. & Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. report specifically the occupations of persons enespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Automobile foctory. The material (6) Grocery,

Strtement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E-haustion," "Heart, failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) Whooping American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Never report mere symptoms or terminal condicough; Chronic volvular heart etc. The contributory affection need Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	440
County anne arundel	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
A2222 C 11 D.	us. now long in 0.5.11 of foreign biltingyrsmosus.
2. FULL NAME GESSE C. Handine	
(a) Residence: No. / T. T	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from  June 10 1933 to June 19 1933
6. DATE OF BIRTH (month, day, and year) Nav., 6 1885	Hast law h was alive on June 19, 1933; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.0 Fm.
49 7 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Rocky Manuslam Spatted fence 6/8/3
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	
10. Date decaased last worked at this occupation (month and year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Mal: (State or country)	Comparadial Franflury 6/18/
13. NAME Chas. M. Wagner	
13. NAME Chas. M. Wagner  14. BIRTHPLACE (city or town) Md.  (Stata or country)	Nama of operation Mane Oate of What test confirmed diagnosis? Cluster Was there an autopsy?
15. MAIDEN NAME Farmie Prestan	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIOEN NAME Famue Frester  16. BIRTHPLACE (city or town) Md.  (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Mrs. Nola Franklin (Address) OFF. D. # 3	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Balls June 2/-, 19-33	Manner of Injury
19. UNDERTAKER HOUSE H. Burge (Addiass) 36-3/970111 Rould	24. Was disease or Injury In any way related to occupation of deceased? 70
20. FILEDINA 19, 1933 Josep L C. Joy or MAR. Registrar.	(Signed) 9 Willia Martin M.D.  (Addrass) Annapolis, M.d.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting & S. No. 1.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RGIN RESERVED

V. S. No.

B ż state

County	Anne Arunde			Registration Dist. No. 3	1
Village or Ci	tyCrov.1		State Ho	St., St., St., Dell St., St., St., St., St., St., St., St.,	d number
2. FULL NAM	ME Frances	Hender			
(a) Residence	e: No. Baltino	Ore, Mar (Usualplace	ryland ce of abode)	St., Ward.  If nonresident give city or town as	nd State
PERSON	AL AND STATIST	ICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE	OR DIVORC	RRIED, WIDOWED, CED (write the word) Brated	21. DATE OF DEATH  June 23rd  (Month) (Day)	, 193
5a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced Unknow	wn		22. I HEREBY CERTIFY. That lattende May 16th 1933, to June 23	d decease
6. DATE OF BIRTH (	month, day, and year)	190	9	Hast saw h. er alive on June 27rd 19 3	3, death
7. AGE Year		Days known	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1:20 km.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.4
Name of we sawyer,	sion, or particular ork done, as SPINNER, BDDKKEEPER, etc usiness in which	Hou	sework	Cerebral Syphilis	Pate
1D. Date decease this occup	done, as SILK MILL, ., BANK, etcd last worked at ation (month and	sp	time (years)		
12. BIRTHPLACE (city (State or coun		gia		Other Contributory Causes of importance: Lues	?

(Day) (Year) Y. That I attended deceased from ses of importance Date of onset Stenhen Drayton FATHER 13. NAME Georgia 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME Diens (Unknown 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_ 16. BIRTHPLACE (city or town) ----- Georgie (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Ho spi tal Records Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT .. (Address) 18. BURIAL, CREMATION, OR Manner of injury Nature of Injury. 24. Was disease or injury In any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar. (Address)

05788

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
EUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

1. PI	LACE OF DE	ATH			(3)
(	county	Anne Ar			Registration Dist. No. 21
		Annapol	lis	(16	No. 227 Gloucester St., Wa death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos.
2. F	ULL NAME	Margare	t Mitch	ell Henke	
		:227 Glov	(Usual place	of abode)	St., 2 Ward.  If nonresident give city or town and State
		AND STATIST			MEDICAL CERTIFICATE OF DEATH
. sex Fen		white		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  June 7, 193 3  (Month) (Dey) (Year)
HU:	rried, widowed, or o				22. I HEREBY CERTIFY That I ettended deceased if
(or	WtFE of C	harles B.	Henkel		22. I HEREBY CERTIFY That I ettended deceased in 20 1932 to 198
DATE	OF BIRTH (month,	day, and veer)	Dec. 21.	1860	I last saw h. elive on
. AGE	Years	Months	Days	If LESS than	to have occurred on the date steted above, et
	72	5	16	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8.	Trede, profession, o	r perticular ne, as SPINNER,			Date of oil
0	SAWYER, BOOK	KEEPER, etc	none		
2	Industry or busines work was done, SAW MILL, BAN	es SILK MILL,			warma 27
6. P. 10.	Dete deceesed last this occupation (	worked at	spe	ime (years) nt In this upetion	
	HPLACE (city or to Stete or country)	wn)Al	nnapolis Maryla		Offier Contributory Causes of importance:
13.	NAME Jame	s S. M. I	Basil		MITTEL MILE
	BIRTHPLACE (city of (State or country)	r town) Ann	apolis, Maryland	•	Neme of operetion
15.	MAIDEN NAME	Margaret	Mitchel	1	23. If death was due to externel causes (VIOLENCE) fill In also the following:
16. 1	BIRTHPLACE (city o	2.00	napolis,		Accident, suicide, or homicide? Date of injury, 19
	(State or countr		Maryla	ind.	Where did injury occur?
	MINISTER	iss Ella nnapolis			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	al, cremation, o		t Date Jur	le 10 <sub>,19</sub> 33	Menner of injury
		n M. Tay			24. Wes disease or injury in any way related to occupation of deceesed?
	mus 9		yLC.	In a Tu Registrar.	(Signed) / Www. / With the

OTATE OF HARMAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		V-CELACHIE CELACITY	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE O	FD	EATH
---------------------------------	----	------

0	5	17	0	11	
V	U		4.7	V	

1. PLACE OF DEATH			(83)	
County Anne Arunde	1		Registration Dist. No. 2	1
Village or City Crownsv	ille St	ate Hosp	itene. st.,	Ward
Length of residence in city or town where d	loath occurred		death occurred in a hospital or institution, give its NAME instead of street and r	
			in the second of total and the	75
	t Higgi		Ot Wd	
(a) Residence: No. BEITI	(Usual place	aryland of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE black	OR DIVORCE	RED, WIDOWED, D (write the word) rated	21. DATE OF DEATH June 6th (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY, That I attended	danage of fram
(or) WIFE of Unknown			Feb. 25th 19.32 to June 6th	
6. DATE OF BIRTH (month, day, and year)	1882		last saw h im elive on June 6th 1933	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 3: 20Am.	
51 Unk	no wn	or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER.	- 1		General Paralysis of the	
o. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which		Insane	?	
work was done, es SILK MILL, SAW MILL, BANK, etc.				
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	- spar	me (years) It in this		
12. BIRTHPLACE (city or town) South	Caroli	na	Other Contributory Causes of importance: Syphilis	?
E 13. NAME Duke	Higgin	s. dead		
13. NAME Duke			Name of operation Date of	
(State or country)			What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Snnie (	Unknown	) dead	23. If death was due to external ceuses (VIOLENCE) fill in also the following	:
15. MAIDEN NAME Ennie ( 16. BIRTHPLACE (city or town) Sout	h Carol	ina	Accident, suicide, or homicide?Oate of Injury	, 19
— ( (State of country)			Where did Injury occur? (Specify city or town, county and Stat	e)
17. INFORMANT HOSpital (Address) Grownsvil		yland	Specily whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURYAL, CREMATION OR REMOVAL	0ate 6/8	10203 19	Manner of injury	
19 UNDERTAKER - R. P. Win	ter ode	Supr	24. Was disease or Injury in pay way related to occupation of deceased?	
(Address)	relegibre	3	If so, specify	
20. FILED 20. 8 , 1933	D)	Registra	(Signed) Grownsville, Marylar	05 M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various parsuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person is who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel County Registration Dist. No. Village or City Eastport No. DOUGHEL DO NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs, mos. ds. 2. FULL NAME Mary Helen Hill (a) Residence: No. Boucher Street (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (qurite the word) June white Female single (Month) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Months 0ays If LESS than 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or\_\_\_\_min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. on 10. Oate deceased last worked at 11. Total tima (years) this occupation (month end spent in this instructions occupation \_\_\_\_ Other Contributory Causes of importance: 12, BIRTHPLACE (city or town) Long Beach. California. (State or country) FATHER 13. NAME Edwin See 14. BIRTHPLACE (city or town) \_\_\_\_ (State or country) What test confirmed diagnosis? ..... Was there an autopsy? MOTHER Coughlin important. 15. MAIOEN NAME Catherine 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Ceccalent Oate of injury 6/20 19 03 16. BIRTHPLACE (city or town)\_\_\_\_\_ Where did injury occur? (Specify dity or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. reland. (State or country) Edwin J. (Address) Eastnort 18. BURIAL, CREMATION, OR REMOVAL 0 Place Naval Cemetery Oate June 23, 1933 19. UNOERTAKER John M. Taylor. 24. Was disease or Injury In any way related to occupation of deceased?

Annapolis If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requirem De Se Notes for

Registrar.

If so, specify

3

(Year)

Oate of onset

(Dey)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MEGENTA STATE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH  County Anne Amndel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 26
Village or Chy Thady Fide (No.)	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED OR BIVORCED (Write the word)  6 DATE OF BIRTH	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the decessed from
(Month) (Day), 1933 (Year)  7 AGE  If LESS than I dayhrs.  8 OCCUPATION (a) Trade, profession or	that I inst saw halive on
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration)yremosde.  Contributory
PATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Alvella	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant)  15 BIRTHPLACE OF MOTHER (State or country)  16 Augustial  17 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	At place of death yrsmosda. State,yrsmosda.  Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Min Chlon Mg  Filed January 12 1923 Gy Deul Mg Registrar  If were blanks are needed, address State Registrar.	Soft Chreley Man. 12,1933 20 JUNDERTAKER VADDRESS Musion Well Shedy In

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health on at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Orocery, should be used only when needed. As examples: (a) a..ture of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material whatever, write None. gired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occ. pations of persons enwork, or At Home, and children, not gainfully emisiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Biasement of Cause of Death—Name, first, the bismass causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia.")

mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia,""PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failurc." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, of taken. For violent deaths state Means of injust State cause for which surgical operation was under vulsions," Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Poteoned by carbolic acid-probably suicide. The na-"Debility" ("Congenital," "Senile," etc.). (Recommendations on state-Example: Measles (disease (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAT 7-8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
-			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

of OCCUPA.

STATE OF MARYLAND—  1. PLACE OF DEATH	-CERTIFICATE OF DEATH U5794
County Anne Arundel	Registration Dist. Np.
	El. No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  ss. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME William Edward Issac  (a) Residence: No. Harwood, (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) SINGLE	21. DATE OF DEATH  June 13th  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Feb. 10th 1933 to June 13 1933
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS then 1 day, hrs	I last saw h_im_alive on June 17th 19 33 death is said to have occurred on the data stated above, et 11:50 A.M.
8. Trade, profassion, or particular kind of work done, as SPINNER, None SAWYER, BDDKKEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data dacased last worked at 11. Total time (yaars)	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Exhaustion due to prolong- ed mania ?
this occupation (month and spent in this year)	Dithar Contributory Causes of importance; Feebleminded with a psychosis ?
HE 13. NAME John Wesley Isauc  14. BIRTHPLACE (city or town) Mar fland (State or country)	Name of oparetion Date of Was there an au'opsy?
15. MAIDEN NAME SETEN JOHNSON  16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to external causes (VIDLENCE) fill In also the following:  Accidant, suicida, or homicide?
17. INFORMANT Hospital Records (Address) Crownsville, Maryland	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL  Placa  Date June 1 5 , 13 3 3	Natura of injery
19. UNDERTAKER A LANGESCHY (Addrass La La Lovelle a g county het.  20. FILED Mue 15, 1933 Joseph C. Joyn m	24. Was disaase or injury in any wey related to occupation of deceased.  If so, specify  (Signed)  M. D  M. D
Registrar.  If more blanks are needed, address State Registrar	(Address)  , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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E	kample I		Example II	
The principal cause of dea of importance were as followarteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Ccrebral hemorrhage		July 5;1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Admitted Feb. 10, 1933

ind Idward Isaa

item of infor-PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH V. S. No. 1 B.-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 05706	
1. PLACE OF DEATH	92:0	,
County Jame arundel	Registration Dist. No. 2314	
Village or City Sollers	No Marley brock Rd St., W.	ard
70 (1)	death occurred in a hospital or institution, give its NAME instead of street and number)	
00°00° 00 16	ds. How long in U.S. if of foreign birth?yrsmos,	.d\$.
2. FULL NAME Helliam / yohn	isa	
(a) Residence: No. Marley Mack Kd (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Dey) (Yeer)	;
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of / attie E. Johnson	22. I HEREBY CERTIFY That I ettended deceased f	
6. DATE OF BIRTH (month, day, and yeer) Sec 23 /86/	I Vast saw h. 44 alive on 1 cut 21 1933; death is	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.1	
72 9 29 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence	
R Trade profession or particular	Date of the	set
kind of work done, es SPINNER, Keline d	Chwir Endscarbein )	1
kind of work done, es SPINNER, SawYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL farmer  SAW MILL, BANK, etc.  10. Dete decessed lest worked at this occupation (month and spent in this spent in this	alario Sclausia.	4
10. Dete deceesed lest worked at this occupation (month and yeer)		
12. BIRTHPLACE (city or town) In any land	Other Contributory Causes of importance:	
(Stete or country)	Afynolates Puremionia 30	Ly
13. NAME Robert Johnson		
14. BIRTHPLACE (city or town) / Mary land	Name of operation Dete of Dete of	
(Stete or country)	What test confirmed diegnosis? Wes there an autopsyl-	3
15. MAIDEN NAME for ale am Brown	23. If death wes due to external ceuses (VIOLENCE) fill In also the following:	
15. MAIDEN NAME far ale and Obsorer  16. BIRTHPLACE (city or town) Mary Land  (State or country)	Accident, suicide, or homicide?	
17. INFORMANT 20 Rose Hurley (Address) 1813 W Franklin at	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Piece Marley Church Com Date June 24, 1933	Neture of injury	
July 7 8	24. Was diseese or injury In eny way releted to occupetion of deceesed?	
19. UNOERTAKER 1994 (Address), 9/3 Victory	If so, specify	
2D. FILED 6/2/ 1933 Misealla	(Signed) John fllegand	M. D
Osp Registrar.	(rivutivas)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was donc.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING B.—WRITE PLAINLY, WITH

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 05796
1. PLACE OF DEATH	
County a a	Registration Dist. No. 21
Village or City annapolis and	No. Emergency Hoofilal St., Wa
Length of restance in city or town where death occurredyra	If death occurred in a hornital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos.
Length of Technice in City of Cown where years occurred	
2. FULL NAME margarer 1	, and the same of
(a) Regidence: No. Walletter (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. That I attended decaased fr
(or) WIFE of Theodore forces	1 HEREBY CERTIFY, That I attended decaased fr
6. DATE OF BIRTH (month, day, and year)	- I ast saw h. A alive on grand 24 1933; death is s
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at \$30 A.m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	- 0 . 0 -
kind of work dona, as SPINNER, House Wife	Eclampsia, last-lasting
9. Industry or business in which work was done, as SILK MILL,	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  11. Total time (years) Sangting (mark) and Sangting (mark) and Sangting (mark) and	
O this occupation (month and spent in this occupation occupation	
101 - 110 200	Other Cautributary Causes of importance:
12. BIRTHPLACE (city or town) Valuation (State or country)	
II 13. NAME Enoug Davis	
I	Name of operation Date of
(State or country) Basesbarrelle me	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME France Brown	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Oate of Injury, 19
16. BIRTHPLACE (city or town).  (State or country) Wassedgarsells one	Whera did Injury occur?
17. INFORMANT Theodor Jones (Addrass) Waterbury	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
19 BUDIAL CREMATION OF REMOVAL	Manner of injury
Place of any and Datofor 27-1930	Nature of injury
19. UNDERTAKER & T. Happing.	24. Was disease og injury in any way related to occupation of deceased?
(Address) amapelled to	If so, specify My 4/1/
20. FILED Mu 25, 19.33 Joy Le Joy C. Megistrar.	(Signed) II Tell Uniture M. M. (Address) 46 South Gals Ag, amega
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones : -May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS 1	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1	. PLACE OI		JE MAK	TLAND—	CERTIFICATE OF DEATH
County Anne Arundel Village or City Annapolis					Registration Dist. No. 21
					No. Emergency Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of resi	dence in city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrsmosds.
2	FULL NA	ME Vivian	Lee Jon	es	
	(a) Residen	ce: No. 21 Brev	ver Aven	of abode)	St., Ward.  If nonresident give city or town and State
LA US	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
	mel e	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE Singl	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  June 7 , 193 3 (Month) (Day) (Year)
	If merried, widow HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY. That I attended deceased from
6. ]	DATE OF BIRTH (	month, day, end year) Jar	1. 17. 1	924	I last saw h. C. elive on June 7 ,1933; death is said
	AGE Yee		Days 22	If LESS than I day,hrs. ormin,	to heve occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  IO. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) Annapolis.					Dolumler (slever)  Jutustural 16- huchon  Other Contributory Causes of importance:
	(State or cour		yland.		Sutestinal atherine Seo
LAIDER			Jones	A	7
-	(State or		Maryl	and.	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Margaret G. Smith 16. BIRTHPLACE (city or town) Annapolis, (State or country) Maryland.					23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
		Annapolis,	Md. Jone	S	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placedar Bluff Cemtonie June 9 19 33				ne 9 , <sub>19</sub> 33	Manner of injury
	UNDERTAKER (Address)	Annapoli	ls, Md.	Angul.	24. Was disease or injury in any day related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy A	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	MEGEIVED		
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

-WRITE

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH

05798

1. V -	Pagistration Diet No. 20				
Old in a	registration Dist. No.				
and ware	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)				
	ds. How long In U.S. if of foreign birth?yrs,mos,ds.				
(bry) Jones -					
I Tail Haven, h	St., Ward.				
(Usual place of abode)	If nonresident give city or town and State				
ATISTICAL PARTICULARS  ACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH				
OR DIVORCED (write the word)					
fro   Ringle	(Month) (Day) (Year)				
V	22. I HEREBY CERTIFY, That I ettended deceased from				
- A	June 7, 19 33, to June 7, 19 33-				
in June 7, 1933 -	I last saw h alive on unt at all \( \), 19; death is said				
onths Deys If LESS than I dey,hrs.	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance				
Worm   ormin.	were as follows:				
NER, hove -					
L,	Cultur				
II. Total tima (yeers) spant in this occupetion					
occupetion for a	Other Contributory Causes of importance:				
in county cope					
le lones					
Towa counts -	Neme of operation Date of				
	What test confirmed diagnosis? Was there en eulopsy?				
uline Jockson.	23. If death was due to external causes (VIOLENCE) fill in elso the following:				
a-alcount	Accident, suicide, or homicide? Date of injury, 19				
	Whera did Injury occur?				
J	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
Fair Horees hed.					
lup Date Succeo 7 1933	Manner of injury				
at Jane	Natura of Injury				
in Haner has	24. Wes disease or injury in eny wey related to occupation of deceased?				
W.R Claut	(Signed) Ehrily A - hilson M.D.				
Registrar.	(Address) Lotters, Mal				
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH pluods County\_\_\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred statement How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. RECORD. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) manuel (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBANO cf RTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trade, profession, dr particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc..... OCCUPATION may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and that spent in this occupation \_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) terms. FAT See 14. BIRTHPLACE (city or town) Name of operation ... (State or country) carefully What test confirmed diagnosis? d MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: E Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Date. LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

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Example I	12	1 SS	Example II	
The principal cause of death and related caus of importance were as follows:	ses	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1975	Attack, of epilepsy	1 week ago
Chronic interstitial nephritis	100	F321 5	Run over by street car	1 week ago
Cerebral hemorrhage	antili,	July5,1927	Perilonitis	3 days ago
	5	DA		
Other contributory causes of importance:		V	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH	STATE OF MARYLAND
1	County anno aremplel.	CERTIFICATE OF DEATH
	Village or City Linthicum (No. No.	Registration Dist. No. 28  Ward) (If death occurred in a hospital or institu-
	2FULL NAME WMR Muson	tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Wale White Write the word)	16 DATE OF DEATH 2 7 0 , 193 3
	6 DATE OF BIRTH  Masch 30th, 1868  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  May 2 1953. to 2 2 1953, that I last saw h was alive on 1963.
	7 AGE  (If LESS than I day hrs. or min.?)	and that death occurred on the date stated above, at
	(a) Trade, profession or guard Federal Resource Be particular kind of work	Puls .
n	(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  (Cate of country)	Contributory Secondary  (Durstion)  The Metay of Gulgard  Secondary
	10 NAME OF FATHER Sward & Mason	(Signed) John S. Bellingsla M. D. Jany 2 1983 (Address) Electronic. md.
	OF FATHER  (State or country) Portland Maine  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  OKATE OF COUNTRY)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Jesse Carrison Mason	Former or usual readence
	(Address) No-4 Sycamore	Treamment. Cent. Jun 5 , 1933.
	15 Filed 0/2 1933 Midella Registrar	20 UNDERTAKER Les je Schilling. Bask. Md.
	If more blanks are needed, addres State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-American Medical Association.) approved as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the and consequences (e. g., sepsis,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(I)	ry item of infor-	NS should state	int of OCCUPA.	1
DING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
VED FOR BINI	THIS IS A PERM	d be stated EXA	y be properly class	k of certificate.
ARGIN RESERVED FOR BINDING	UNFADING INK-	upplied. AGE shoul	terms, so that it ma	instructions on bac
•	PLAINLY, WITH	nould be carefully su	OF DEATH in plain	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE	mation sl	CAUSE (	TION is

STA 1. PLACE OF DEATH	TE C	F MAR	YLAND-	CERTIFICATE	OF DEA	TH (	5801	
county Anne Arundel			53)	Pagistration I	Diet No.	21		
			tate Hos	Registration Dist. No.				
vinage or City	CO WILE	XYTTE N	(fi	f death occurred in a hospital or institu		instead of street an		
Length of residence in city or t	own where o	leath occurred	yrsmos	ds. How long In U.S. if o	of foreign birth?	yrs	mos ds.	
2. FULL NAME He:	rmen	Mathews	<u> </u>					
(a) Residence: No. Ba	ltimo	re City	Maryla	nd St., Ward.	16121211111111111			
the second secon	PERSONAL AND STATISTICAL PARTICULARS		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH					
s. sex 4. color or black		5. SINGLE, MAR	REED, WIDOWED, D (write the word)	21. DATE OF DEATH June	6th	(Day)	, 193 3 (Yeer)	
5a. If merried, widowed, or divorced HUSBAND of Anit:	a Mat	hews			CERTIFY 33 to J	Y. Thet I attende		
6. DATE OF BIRTH (month, day, end	reer)	1889		I lest saw him elive on			3 ; deeth is said	
	Months	pays nown	If LESS than  1 day,hrs.  ormin.	to heve occurred on the date state The PRINCIPAL CAUSE OF DEAT were es follows:			Date of onset	
8. Trede, profession, or perticuling kind of work done, es SP SAWYER, BOOKKEEPER 9 Industry or business in which work was done, as SILK in SAW MILL, BANK, etc		Boothl		General Paraly Insane	ysis of	the	Pare of onset	
- Line occupation (month on		spe	ime (yeers)	-				
yeer)  12. BIRTHPLACE (city or town)  (State or country)	Mar	yland	upation	Other Contributory Causes of imposition Syphilis	ortence:		?	
置 13. NAME Thor	nas P	indler						
13. NAME Thor  14. BIRTHPLACE (city or town)  (Stete or country)	Mar	yland		Name of operation What test confirmed diagnosis?		Dete of		
15. MAIDEN NAME SE	allie	Mathew	8	23. If death was due to externel car				
15. MAIDEN NAME Sallie Mathews 16. BIRTHPLACE (city or town) Mar Jland (State or country)			Accident, sulcide, or homicide?					
		Records le Mar		Specify whether Injury occurred i	(Specify city or n INDUSTRY, In HO	town, county and S ME, or in PUBLIC	itate) PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PROCESSION & Constery June 9 th 1933			Manner of Injury					
19. UNDERTAKER / Loma, (Addiess) / 303-P	8. 1.	Helson mens F. Joyce	1-Ballen	(Signet)	vay releted to occupa	milan	002)M. I	
(Address)/303-P	est.	news F. Joych	L Registrar.	If so, specify	nsville	Maryla	nd.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF	SIAIL (	OF MAR	YLAND—	-CERTIFICATE OF DEATH 05802
County	Anne	arunde	1	Registration Dist. No. 21
	y Wardour			ND. St.,  If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. If of foreign birth?
	ERNEST			us. now long in 0, 5, ii of loteign biltil:yrsmos
(a) Residence		ur, A.	. Co.	St., Ward.  If nonresident give city or town and State
PERSONA	L AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  June 24 ,193 3 (Month) (Day) (Yes
5a. If married, widowed HUSBAND of (or) WIFE of	I, or divorced Ia	a II Mil	ler	22. Jan HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (m	onth, day, and year)	Jan. 10.	1885	I last saw h um alive on June 39, death i
7. AGE Years		Days	If LESS than 1 day,hrs.	I THE FAIRCIFAL CAUSE OF DEATH SHU I CHARGE CAUSES OF HIMPORTAINES
8 Trade profess	on, or particular rk done, as SPINNER, OOKKEEPER, etc.	Merch	ant	were as follows:  Date of
kind of wo SAWYER, E 9- Industry or bu work was o SAW MILL,	siness in which lone, as SILK MILL, BANK, etc			
	last worked at tion (month and	sper	me (years) It in this Ipation	Culared lives
12. BIRTHPLACE (city  (State or country)	0, (0,111)	ington. D. C.	•••	other Coatribatory Casica of importance:
13. NAME H	enry T. Mi	ller		Duration: several years
13. NAME H 14. BIRTHPLACE ( (State or co	city or town) Prin	ce Geo.	9	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAM	marth	i Elisi	a hold to	23.11 Geath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAM		Carolina		Accident, suicide, or homicide? Date of injury, [9
17. INFORMANT / (Address)	ro, Gral	t mil	les	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIC		mtoete June	27 ,19 33	Manner of injury
19. UNDERTAKER	John M. Ta Annapolis,	ylor, Md.		24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED toms.	26,1933 \$	276 C. 8	Registrar.	(Signed) (Address) Edg AA AMA
C'	If more	blanks are needed a	ddress State Registrar	Save N. Charles Street Belliams Barrey W. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		ECEL ALBOST	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year
	2		

V. S. No. 1

ż

STATE (	OF MARY	LAND-	CERTIFICATE OF DEATH 05	803
1. PLACE OF DEATH			(3)	
County A - A,			Registration Dist. No.	1
Village or City Assau afe	Salis		Notinergency toopital St.	Ward
Length of residence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. II of foreign birth?yrsm	
2. FULL NIME Than	aga M	urdael	4-7-	
(a) Residence: No.	1 Quaiplace of	Hazpe	Mard.  If nonresident give city or town and	I State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIOR DIVORCED	IED. WIDOWED, (rwrite the word)	21. DATE OF DEATH  (Month) (Day)	, 193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	h-10	1 11 -	22. I HEREBY CERTIFY, That I attended  1932, to June 6	44
6. DATE OF BIRTH (month, day, and year)	num	1878	I fast saw hair alive on grand 6, 19 34	death is said
7. AGE Years Months	Days	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at 1: 0.5 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	7-1	**	Chrania yephritis	theken
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	myn	~		
10. Date deceased last worked at this occupation (month and year)	11. Total tim spent occup	in this		
12. BIRTHPLACE (city or town)(State or country)	र्गी दे	+	Other Contributory Causes of importance:  My acas attes Chronice  Ge II. attein reference	Mul
13. NAME	0 4 1	7 1	Change.	The Co.
14. BIRTHPLACE (city or town)(State or country)	3 4	<u></u>	Name of operation Date of What test confirmed diagnosis? Lluncal Was there an	autonsy?
15. MAIDEN NAME	9	6	23. If death was due to external causes (VIDL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	3	9	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFDRMANT(Address)	3	2	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, DR REMOVAL	9_	C	Manner of injury	
Place Days vrum	Date & Mus	. 8 ,1933	Nature of injury	
19. UNDERTAKER Chas. Hie (Address)	In Jus		24. Was disease or injury in any way related to occupation of deceased?	Cho
20. FILED 7 , 193-3 }	fic.	Registrar.	(Signed) 9 Willis Matter	M. D.
If more	blanks are needed, add		2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inter-FARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	05804
County anne arundel	County Registration Dist, No.
Village or City Fair ) Laven	No. / Claygett. St., Ward
Length of residence in city or town where death occurred 2 yss 2 yss	death occurred in a hospital or institution, givents (AME instead of street and number)  ds. How long in U.S. if of foreign birth?
M. M.	gen pegidence
2. FULL NAME // Sola // ay.	was is an
(a) Residence: No. //8 - 4 (Usual place of abode)	. St., Wards . If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jem mul manuel	(Month) (Day) (Year)
5a. If married, widooed, or divorced HUSBAND of L	22. THEREBY CERTIFY, That I attended daceased from
(or) WIFE of Mr albert Basovele / icholos	1 tet 2 1933 6 June 6 1933
6. DATE OF BIRTH (month, day, and year) Dec 22 1888	I last saw h en alive on 6/2 5 , 1933; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2m.
44 6 3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance Were as follows:  Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The forty
	John ignant up / allum
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc.	Krewer 5/2/20
	1/9 milas lans.
yaar) oocupation	Other Contributory Causes of importance
12. BIRTHPLACE (city of town) Cherican, Journa	Hemonahogo in to
(State or country)	Intertional least who
13. NAME 14. BIRTHP(ACE (city or town) 22 22 22 22 22 22 22 22 22 22 22 22 22	11
14. BIRTHP(ACE (city or town)	Name of operation Date of
# 15. MAIDEN NAME man & Heighborn	What test confirmed diagnosis? Was there in autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external stusses (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
State or country)	Whera did injury occur?
17. INFORMANT Muso Fellian & ohn.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 57 new Josh N.E	
Place Congressions Cupate (0 - 2 8, 1933	Manner of injury
Placa Congregational Groste Co - d. V., 19.3.3	Natura of Injury
19. UNDERTAKER Cadgell  (Address) / 3 / - del CV CV S - New COC.	24. Was disease or injury in any way related to occupation of deceased?
T 2 2 2 2 2 Coll +	(Signed) Amand V Mars M. D.
20. FILED Leuce 1973 VIII (acylo)	(Address) 20 Carroll ave
	2411 N. Charles Street. Baltimore. Requesting U. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear.	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GEVISOR	
		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(R3)
County C.a. Co-	Registration Dist. No.
Village or City of . Margarets	
Village of only	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city on town where teath occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wilson Kandrell	Civeus
(a) Residence: No. Severu md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED (Greethe word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE ol	22. I HEREBY CERTIFY, That I attended deceased from
0 × 10 1011	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Have	P 1 1 1 1 1
SAWYER, BOOKKEEPER, etc.	recompact or much
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month and year)	
a a Co	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or county)	marke a
13. NAME Harry Mos. Owers.	
E Na Tuesday	
(State or country)	Name of operation Oate of Oate of
	What test confirmed diagnosis?
15. MAIOEN NAME Kawa V, Vary  16. BIRTHPLACE (city or town)  16. State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homieide? Date of injury 44 , 193
Manual A	(Specify city or town county and State)
17. INFORMANT TOTAL CUCIN	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAU	The till Draw of
Place Tribully Chipate June 7, 33	Manner of injury Classification of Manager
LIM DUSCHICA X	Nature of injury
19. UNDERTAKER (Address) NOTER & Pa avel.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED THE 6, 1933 Juy C for a 211 Registrar.	(Signed). (Address) Alm H ) - Hollman MD.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. A. Con must

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05896
1. PLACE OF DEATH	46
County Some Army dela	Registration Dist. No.
Village or City Anna palis	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	. 15 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emma V. Philipps	
(a) Regionce: No. Deala a.A. Co. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 6 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Marion Philipps	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on June 5, 19 \$3, death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 5 . 15 m.
77 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Wremes - Chrance Popular 6 m
SAWYER, BUUNKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and	
O 10. Oate deceased last worked at this occupation (month and year) spant in this occupation	
9 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Chranic endocarditio
13. NAME Jandan	France Caremana Liver tone
14. BIRTHPLACE (city or town) Mary of her Transparent	Name of operation Saharatamy Date of 6/2/3
(State or country)	What test confirmed diagnosis? Clease of Was there an autopsy? No
15. MAIDEN NAME many alice Rodges	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME way alice Rodges  16. BIRTHPLACE (city or town) - Lun Durum  (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT Marion Phylos (Address)  Ocal 100	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Very hard lund has vate flux 8, 1933	Nature of injury
19. UNDERTAKER J. a. Harberty (Address) Sales rills	24. Was disease or injury in any way related to occupation of deceased?
20. FILED TIME 7, 193.3 Franch C Registrar.	(Signed) 9 William M. D.  (Address) Research Balia M. D.
If more blanks are needed, address State Registrar.	William I was a second

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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il	Example II	
Date of onset	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

A PERMANENT RECORD. Every item of infor-RGIN RESERVED FOR BINDING WRITE PLAINLY, WITH

state UPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH 05807
_	1. PLACE OF DEATH	3/
OCCI	County Co Co	Registration Dist. No.
should of OCC	Village Dr City Sun of Va	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
0	Length of residence in city or town where death occurredwyrsmos	
AN	2. FULL NAME Baky Blacky	
PHYSICIANS ict statement		O. W. I
YS	(a) Residen 6: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PH	PERS NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. Ex	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of	
A C	(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
_ •	24.16. 33	, 19, to, 19, 19, 19
E E	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h alive on
stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
sta pro cert	8 Trede profession or particular	were as follows:
be of	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	The Physician
	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at	A
	SAW MILL, BANK, etc.	full born
E + 0	O this occupation (month and spent in this	Assiscarrage (4 hus)
AGE that ons o	year) occupation	Other Contributory Causes of importance:
so	12, BIRTHPLACE (city or town)	
efully supplied. AGI in plain terms, so tha ant. See instructions	(State or country)    13. NAME	
sup tin te See	14. BIRTHPLACE (city or town) how my	Name of operation
ly slain	(State of country)	What test confirmed diagnosis? Was there an eutopsy?
in p	15. MAIDEN NAME MANY & Colour	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
AT	(State or country)	Where did injury occur? (Specify city or town, county and State)
should be can OF DEATH	17. INFORMANT hay & . Ct bury (Address)	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
mation s CAUSE FION is	Place family and Date June 6, 1933	Nature of injury
CAUSI TION	19. UNDERTAKER adoll Pohlman	24. Was disease or injury in any way related to occupation of deceased?
HOH	(Address) anny	If so, specify
	20, FILED 6 6 19 33 Joseph C. Anga Magastrar.	(Signed) M, D (Address) Charles M, D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			1 gour

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Registrar.

If so, specify

(Address) ....

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING ARGIN RESERVED

V. S. No. 1

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(Address)

(Address)

19. UNDERTAKER

1. PLACE (		F MARYLA	ND-	CERTIFICA	TE OF DEA	HTA (	5509
County	Anne Aru	ndel			Registration	Dist. No. 21	
Village or	City Eastport		(H	No. Cree	View lor institution, give its NAM		
	AME George W			us. How long III	1 0.5. 11 01 foreign birth:	)13	.11105
	ence: No. Creek V			St., Ward.	If nonresiden	it give city or town	and State
PERSO	NAL AND STATIST	ICAL PARTICULA	RS	MEDIC	CAL CERTIFICAT	E OF DEATH	1
male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WI OR DIVORCED (write Married		21. DATE OF DE	June (Month)	] (Day)	193 <sup>3</sup>
	Jenni  I (month, day, and yeer Feb lears   Months		.ESS than	1 last saw h. Asa ali	REBY CERTIF	193	19.3.3
7		1 day,	hrs.	The PRINCIPAL CAUSE were as follows:	OF DEATH and related cau	ses of importence	Date of onset
kind of SAWYE	fession, or particular f work done, es SPtNNER, R, BOOKKEEPER, etc. r business in which ves done, as SILK MILL, IILL, BANK, etc.	tone cutter	3	aff	lun		2 2
O this oci	ased last worked et cupetion (month and	I1. Totel time (yeer spent in this occupetion					
12. BIRTHPLACE ( (State or co	city or town) Baltim Duntry) Mar	ore. vland.		Other Contributory Cans	es of importence:		
□ 13. NAME	John Riley			Surral	diffilit		
	CE (city or town) Balt or country) Ma	imore, ryland.		Neme of operation	-//	Dete o	2
15. MAIDEN N	MAME Mary Co	х,		23. If death was due to ex	ternet causes (VIOL ENCE)	fill in also the follow	wing:
	CE (city or town) Balt or country)	imore, aryland.		Accident, suicide, or hon Where did injury occur?	nlcide?		
17. INFORMANT	Mrs. Jennie	Riley,		Specify whether injury o	Specify city of Courred in INDUSTRY, in H	or town, county and IOME, or in PUBLIC	State) PLACE.

Eastport 18. BURIAL, CREMATION, DR REMOVAL Menner of injury Neture of injury John M. Taylor annanoli If so, specify (Signed)

(Address)

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Registrar.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

IS A	ACE
HIS	lled is so
KT	supp
GIN	fully
ADIN	H in
UNF	DEAT
H	SOOL SOOL
.Y. V	DAUSE
WRITE LAINLY, VIH UNFADING INK THIS IS A	very item of information should be carefully supplied ACE IANS should state CAUSE OF DEATH in plain terms so that
E E	m of inform
WRIT	y Iten
	A

PLACE OF DEATH	STATE OF MARTLAND
G // / /	CERTIFICATE OF DEATH
County Mine Massidel	(3) 2 1 2 L
N e	Registration Dist. No.
Village or City Judley (No	St; Ward) (If death occurred in
Vinage of City	a hospital or institu-
Same der	tell from atend of street and number.)
2 FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX   1 COLOR OR RACE   5 SINGLE,	16 DATE OF DEATH
MARRIED, Drugle WIDOWED	June 29, 1995
Mule OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	
1	, 192, to, 192
some L 9 333	that I last saw h, alive on, 192
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE	The CAUSE OF DEATH & was as follows:
l dayhrs.	
yrsmosds.lormin. ?	(b+11/L
8 OCCUPATION (a) Trade, profession or	July 0.00 ho
particular kind of work	***************************************
(b) General nature of industry business, or establishment in	(Duration)yrsmosde
which employed or (employer)	
9 BIRTHPLACE	Contributory Secondary
(State or country) from all is And	(Duration) ,yrs,nosdi
10 NAME OF	Gu A No. 1
FATHER ames Theodore Lameley	(Signed) M. D
5 11 BIRTAPLACE	. Mu. 2-7. 1923 . (Address)
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
OF FATHER  OF FATHER  OF MATHER  OF MOTHER  OF MOTHER	Accidental, Suicidal or Homicidal,
of MOTHER Bealifee Jaunders	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos. da. State, yrs, mos. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) James James James	Former or usual residence.
0 10	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) fully	Budship Md have 27 .23
18 1 11 1	20 UNDERTAKER ADDRESS
Filed from 27 1983 July Denh	Com of Que My
At the Rogistrar	Lee Budley Ma
If more blanks are needed address State Designar	16 W Sentage St Belta Bequesting V S No 1

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; chould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Exture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, aspecially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many ployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekespers who receive a on at home, who are engaged in the duties of the laborer, Furm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons en-(a) Foreman, (b) Automobile factory. The material whatever, write None. ured 6 yrs.). For persons who have no occupation state occupation at beginning of iliness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed work, or At usiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Home, and children, not gainfully em--Coal mine, etc. Wom-

Example of Cause of Death—Name, first, the Distract Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberowlosis of lungs, men conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Mensles (disease Chronic interstitial nephritis, etc. The contributory rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ctc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Nomenciature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on state quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuli, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injunt "Puerperal septicaemia," "Puerperal peritonitis," etc. Poisoned by carbolic acid-probably suicide. The na-"Debliity" ("Congenital," "Senile," etc.), Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

		ST	ATE C	OF MAI	RYLAND-	CERTIFICATE OF DEAT	H 05811
1. P	LACE OF					(210 m)	
	County	À	nne ari	undel		Registration Dist	t. No. 21
	Village or City Annapolis					No. Emergency Hospital	St., Ward
Length of residence city or town where deeth occurredyrsmo					(I	death occurred in a hospital or institution, give its NAME ins.  ds. How long in U.S. if of foreign birth?	stead of street and number)
	ULL NAM	1		anna Sc			
		4	30 Wes	t Stree	t	St., 3 Ward.	
		24-1		(Usual pia	ce of abode)	If nonresident give	city or town and State
	PERSON			ICAL PAR		MEDICAL CERTIFICATE O	F DEATH
3. SEX		wh	or RACE		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH June (Month)	16 , 193 3 (Year)
Ht	erried, widowers ISBANO of r) WIFE of		H. Sc:	ible		1 HEREBY CERTIFY,	That I attended deceesed from
6. DATI	OF RIRTH (m	nonth day	and year) An	ril 6.	1857	last saw h 2 2 alive on June 1	
7. AGE	Years		Months	Oays	If LESS than	to have occurred on the date steted above, et . 8. A.	
	76		2	10	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of were as follows:	importance
8.	Trede, profess	ion, or part	icular SPINNER			0-0	Oate of eneat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				none	~~~~~	Stock & Hemmisge	
occupation or of	work wes	done, as SII	K MILL.			Struck by automobile	
10.	Oete deceesed this occupe yeer)	lest worke	ed at	S	i time (years) pent in this coupetion		
	THPLACE (city (State or count			arundel		Other Contributory Causes of importence:	
			am Wil	liams			
-					County	M	
E 14.	(State or c		n) Attitie	Marvla		Name of operation What test confirmed diagnosis?	2.
15.	MAIOEN NAM	E Mar	tha Mu			23. If death wes due to external causes (VIOL ENCE) fill in	
	BIRTHPLACE (		AHNe	arunde Maryla			of injury 6-14, 19 33
			hn Sci	ble Md.		Specify whether injury occurred in INDUSTRY, in HOME,	n, county and State) or in PUBLIC PLACE.
18. BUR	IAL, CREMATIC	N, OR REI	MOVAL		30 00	Manner of injury Struck by and	Comobile
	Plece C C Q Q	r Bl	uff Cer	ntone Jur	1e 18 ,19 33	Nature of injury Local test Y	shock
	ERTAKER (Address)	ohn	M. Tay	lor Marylar	id.	24. Wes diseese or injury in eny wey related to occupation If so, specify	of deceesed? WO
20, FILE	o time	1.8., 19	35 9	m/4 c	Registrar.	(Signed) Longe (Address) Ruces	rosel M.O.
7			If more	blanks are needed	-1/	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH TINFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be stated EXACTLY. N RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1242)
county me Cerembel	Registration Dist. No. 202)
Village or City Hanoser	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Gacolo Sherr	ish
	St. Ward,
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SWOLE, MARRIED, WOOWED, OR DWOMOOD (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of Morgaret Hovaniel	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 25 1852	Sest saw have alive on frame 8 1973; death is said
7. AGE Years Months Jays If LESS then	to have occurred on the date streed above, et. 6
80 10 18   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:
8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this necupation (month end	Myo candial drauff
9. Industry or business in which work was done, as SILK MILL.	mitral doperth w/
SAW MILL, BANK, etc. 11. Total time (years)	
this occupation (month end spent in this year)	
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Lawfite Habener 192
13. NAME Leorge Sherpick	artidia Selvocia 1931
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town).	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (cily or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Placed to Daniscous Clar Opto Ward 12 1937	Manner of injury
Place 1 Man Scus She Oate Man 1 3 , 19 3	Nature of injury
19. UNDERTAKER JOHN MALLOUS	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Address) (Address)	If so, specify
20. FILEO 9 JUM, 193} (Klastell Washington	(Signed) M.D. (Address) Elpride we
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	IIII Para II
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH U5814
1. PLACE OF DEATH	<u> </u>
County a a	Registration Dist. No.
	No. St., Ward death occurred in a hoppiel or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Anfaell & anne	ne
(a) Residence: No. (Usual pface of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Sume 10 1933
ie. If merried, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, Thet f attended decessed from fune 10, 19 33, to fune 10, 19 3
5. DATE OF BIRTH (month, dey, and year) June 10-1938	I lest saw h 1111 ative on warm June 10, 19 33; deeth is sai
7. AGE Years Mon(hs Deys If LESS than 1 dey,hrs	to heve occurred on the dete steted above, et 1.32 1.m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work wes done, as SFLK MILL, SAW MILL, BANK, etc	7 mc
12. BIRTHPLACE (city or town) Amelian of the country)	Other Contributory Canacs of importence:
13. NAME millon & Simmons	
13. NAME Onellon & Sammass  14. BIRTHPLACE (city or town) (Stete or country) Amagolis m	Neme of operation Oete of Whet test confirmed diegnosis? Westhere en eutopsy? 77.
15. MAIDEN NAME Nancy No adams	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country) A. a. co - ms	Accident, suicide, or homicide?
(Address) Howard a a com	Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Pura a a a oete oete // 1933	Manner of injury
19. UNOERTAKER B & Hoffming (Address) Amagental Amagenta	24. Was disease or fnjury In eny wey releted to occupation of deceased?
20. FILED Den 11, 1953 frag 6 C. fragistrar.	(Signed) + Willia Martine M. I (Address) - Carring of the M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

; daeth Is said

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year


M	ORD. Every item of infor-	HYSICIANS should state	t statement of OCCUPA-	1
RGIN RESERVED FOR BINDING	ING INK-THIS IS A PERMANENT REC	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	tions on back of certificate.
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied.	CAUSE OF DEATH in plain terms, so	TION is very important. See instructions on back of certificate.

STATE OF MARTLAND—CERTIFICATE OF DEATH 000	STATE OF	MARYLAND—CERTIFICATE OF DEATH	U5816
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1. PLACE OF DEATH			100	
County Ann	e Arundel		Registration Dist. No. 21	
Village or CityMa_		(lif	At	Ward
				50\$.
(a) Residence: No. I		st.	St., Ward.  If nonresident give city or town and	State
PERSONAL AND S	TATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
male 4. color or	DE OR DIVORCE	RRIED, WIDOWED, D (write the word) ingle	21. DATE OF DEATH  June IIth  (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended of	
6. DATE OF BIRTH (month, day, and : Years 22	year) Dec. 22r Months Days 5 I8	If LESS than 1 day,hrs.	to have occurred on the date steted above, et. 5 Pem.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or perticul: kind of work done, as SP SAWYER, BODKKEEPER, e 9. Industry or business in which work was done, as SILK in SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month an year)  12. BIRTHPLACE (city or town) (Stete or country)	inner, worker in the factory  11. Total to specific speci	ime (years) ntin this 3 yrs	Accidental drowning  Other Contributory Causes of Importance:	
13. NAME Frank S				
14. BIRTHPLACE (city or town) (State or country)	Polan	đ	Name of operation Date of Whet test confirmed diagnosis? Was there an air	
16. BIRTHPLACE (city or town) (Stete or country)	e Gasior Follogsior S. Ann st	and	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homloide? ACCIDENT Date of injury Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	: MC, 19 :) CCE.
18. BURIAL, CREMATION, OR REMOVA	<b>V</b>	13 33	Manner of injury	
19. UNDERTAKER GEO Ba (Address) Ba 20. FILED 6-12, 193	Weber Itimore, Md. 3 2. a. C	Vig Registrar.	24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)  (Address)	no m.d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	2
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones  ADDITIONAL SPACE F	May 1,1923 OR FURTH	Other contributory causes of importance:  Gastroenteritis  ER STATEMENTS BY PHYSICIAN	1 year

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

John M.

Annapoli

S

17 INFORMANT

19. UNDERTAKER

(Address)

(Address)

Marvland.

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel Registration Dist. No. County No. AL DIEWEL AVE. (If death occurred in a hospital or institution, give its NAME instead of street and number) Brewer Ave. Village or City annapolis Length of residence in city or town where death occurred vrs. mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME Alice Jane Smith (a) Residence: No. 21 Brewer Avenue (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) June Female white married (Month) (Year) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY That I attended deceased from Wm. A. Smith (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Feb. to have occurred on the date staged above, at \_\_\_\_\_\_ If LESS than 7. AGE Years Months Days 1 day, ......... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.\_\_\_\_ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME James Dorsev 14. BIRTHPLACE (city or town) Marv land. (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME garet 23. If death was due to external causes (VIOLENCE) fill in also the following:

(Signed). (Address) \_ Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Where did injury occur?\_\_\_\_

24. Was disease or Injury in any was

Manner of injury

Nature of injury

If so, specify

Accident, suicide, or homicide? \_\_\_\_\_\_ Date of Injury \_\_\_\_\_\_, 19\_\_\_\_

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MECENARIA PAR	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of occupa.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 0581	8
1. PLACE OF DEATH		(19)	
County Conne Cere	undal	Registration Dist. No. 23	
Village or City Linthice	me Heghit	No. St.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and numb	oer)
Length of residence in city or town where death	occurred yrs mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME /// DAY	6 Spe	man	
(a) Residence: No. Frith ice	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	e
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Symula White 5.8	SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)		3 3 (Year)
56. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles	Spilman	22. I HEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year)	il 28 183	A last saw h la alive on fine 5 19.35; de	eath is seid
7. AGE. Years Months	Days   If LESS than	to have occurred on the date stated above, at 3 1/3 m.	
724	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.	mme.	my ocarditis 4	ta of onset
kind of work dope as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this excupation (month and			
10. Date deceased last worked at this occupation (month and year)	II. Total time (years) spant in this occupation	Chronic nephritics Duration: 20 years	
12. BIRTHPLACE (city or town) Balta	more md	Other John Charge of importance: Chronica Charles Chronica	GOP.
II I3. NAME MAS Kriv	wu.		
13. NAME / P R NOW 14. BIRTHPLACE (city or town) (State or country)	known	Name of operation Date of What test confirmed diagnosis?	osv?
H 15. MAIDEN NAME	known.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	knowie	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT MASS HIEL. C	Dreyer.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place F Coulds. CM. D	ate 6 - 9 8/1 1933	Manner of injury	
19. UNDERTAKER Mrs Chas a 3	Rohde	24. Was disease or injury in eny way related to occupation of deceesed?	
20. FILED 6 - 733 19 C W	odruff	(Signed) Win A Gegan	M. D.

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Registrar.

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	Date of onset  1 week ago 1 week ago
Run over by street car	1 week ago
	- //
Peritonitis	3 days ago
1	
Other contributory causes of importance:	
Gastroenteritis	1 year
	. Other contributory causes of importance:

# STATE OF MARYLAND-CERTIFICATE OF DEATH

:	1. PLACE OF DEATH			(83)	
	County Anne Arunde	1		Registration Dist. No.	170
	Village or City Crownsvill	Le Stat			Ware
			(1)	f death occurred in a hospital or institution, give its NAME instead of street and no second	umber)
:	2. FULL NAME Emma	Stewa	rt		
	(a) Residence: No. Balt	timore (Usualplace	County, I	Marst, land Ward.  If nonresident give city or town and S	State
	PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex 4. COLOR OR RACE black		RIED, WIDOWED, D (write the word) i e d	21. DATE OF DEATH June 23rd (Month) (Day)	, 193
5a.	If married, widowed, or divorced HUSBAND of Unknowr	1		22. I HEREBY CERTIFY, That I attended d June 20th 19 33 to June 23	deceased from
		L897		I last saw her alive on June 23 19 33	, 19 33
-	DATE OF BIRTH (month, day, and year)  AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1:30 A.M.	; death is sai
	F 6 + 4 1	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Z	8. Trade, profession, or particular	TT:= 1 0:		were as follows: General Paralysis of the	Date of onset
100	kind of work done, as SPINNER, Unknown SAWYER, BOOKKEEPER, etc			Insane	?
JPA	9. Industry or business in which work was done, es SILK MILL,				
OCCUPATION	SAW MILL, BANK, etc	11. Totel t	ime (years)		
12.	BIRTHPLACE (city or town)			Other Contributory Causes of importance: Syphilis	- ?
ER	13. NAME Unknown				
FATHER	14. BIRTHPLACE (city or town) Unkr	10 WN		Name of operation Date of	
2	15. MAIDEN NAME UNKNOWN	1		What test confirmed diegnosis? Wes there an au	
MOTHER		Unknow	n	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  Date of Injury	
17.	INFORMANT Hospital Re (Address) Crownsville		land	Where did injury occur? ————————————————————————————————————	) CE.
18.	BURIAL, CREMATION, OR REMOVAL	Date 2	4 ,1533	Manner of Injury Nature of Injury	
19.	UNDERTAKER BY NONE Marie (Address) (2 8 Mg. F.	eldpris	St-	24. Wes disease or injury in easy way related to occupation of deceased?  If so specify	<u>-</u>
20.	FILED 23, 19.3	t fu	Registrar.	(Signed) (Andress) CHOWNSVILLE MINNEY	/

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR BINDING RGIN RESERVED

See instructions on back of certificate.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

PHYSICIANS should state Exact statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

E OF	DEAL	П	028	21)
	gistration Dis			Ward
	re its NAME in n birth?			
	nonresident giv			ate
	FICATE C	F DE	ATH	
TH Une (Mon	3 (th)	(Day)	, 1	93 3 (Year)
on June estated above	8 279 at 1.30	Phy	29	ceased from 19.3.3 death is said
rtero	elated couses of libeat lDegen untlen	Nep	but	Data of onsat 1928 1929 1929
of importance:			d	lune 15-13
		D	ate of	ppsy?
na causes (VI	OL ENCE) fill in	also the	following:	
ide?	Dat	e of injury		, 19
(Sp)	city city or tow STRY In HOME	vu, county , or in PUI	and State) BLIC PLACE	
any way relate	ed to occupatio	n of decea	sed?	7.2

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
		KECKHARA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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>	item of	should	of OCC	1
	. Every	ICIANS	tement	1
0	ECORD	PHYS	xact sta	
UZ	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
BINDI	ERMA	EXA	y classi	te.
FOR	IS A I	stated	properl	certifica
RVED	-THIS	ould be	may be	oack of
RESE	INI DI	AGE she	that it	ons on I
RGIN RESERVED FOR BINDING	NFADI	plied.	rms, so	TION is very important. See instructions on back of certificate.
	TTH U	ully sup	plain te	t. See
	NLY, W	e caref	ATH in	mportan
	PLAI	l pluods	OF DE	s very in
V. S. No. 1	-WRITI	mation	CAUSE	TION is
V. S. No.	N. B.			

STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	91	
1. PLACE OF DEATH			(83)	W.L	
County Anne Arunde.	1		Registration Dist. No	1	
Village or CityCraw.	nsville	State I	os.,Notel st.,	Ward	
Length of residence in city or town where do	eath occurred	vrs 1 mos	f death occurred in a hospital or institution, give its NAME instead of street and nu s10 ds. How long in U.S. if of foreign birth?yrsmos	mber)	
2. FULL NAME Tyle:					
(a) Residence: No. Fred	erick Co (Usualplace of		Pyslend Ward.  If nonresident give city or town and S	itate	
PERSONAL AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH		
male 4. color or race black	5. SINGLE, MARRI OR DIVORCED MOTI	IFD, WIDOWED, (write the word) 100	21. DATE OF DEATH  June 16th  (Month) (Day)	193 <b>3</b> (Yeer)	
5a. If married, widowed, or divorced HUSBAND of 1.ddie	Poneyhil	1	22. I HEREBY CERTIFY, That I attended do May 6th 19 33 to June 16th		
6. DATE OF BIRTH (month, day, and year)	1877		Hast saw h. in alive on June 16th 19 33;	death is seid	
7. AGE Years Months 56 Un	Days	if LESS than 1 day,hrs.	to have occurred on the date steted above, et 12:10 m, 1.  The PRINCIPAL CAUSE OF DEATH and related causes of Importence		
8 Trade profession or particular	derect i	ormin.	were as follows: General Paralysis of the	Date of onset	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Laborer		Ingane	?	
9 industry or business in which work was done, as SILK MILL,					
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tim	in this			
12. BIRTHPLACE (city or town) (State or country)			Other Coutributory Causes of importance:		
E 13. NAME John Paneyh	ill				
13. NAME John Paneyh 14. BIRTHPLACE (city or town) (State or country)			Name of operation Date of		
# 15. MAIDEN NAME Sarah	A. (Unk	nown)	What test confirmed diegnosis?	opsy?	
15. MAIDEN NAME SAPEM 16. BIRTHPLACE (city or town) MET (State or country)	Jisnd		Accident, suicide, or homicide? Date of injury	, 19	
17. INFORMANT HOSpital Re (Address) Crownsvil		Land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.	
18. BURIAL, CREMATION, OR REMOVAL Furthery	Date 4 / 19/	/33. ,19	Manner of injury		
19. UNDERTAKER M. R. Chehe (Address) 214- 4. marke	ion for		24. Was disease or injury in any way related to occupation of deceased?	0	
20. FILED 716. 1335 S.	+ my	Y Registrar.	(Signed) Crownsville, Karyland	M. D.	
If more b	blanks are needed, add	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.		

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	Example 1		Example 11	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 1013	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Admitted May 6, 1933
Died June 16th, 1932

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	RD. Every	IXSICIANS	statement	
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RES	I D	1GE	that	o suc
RGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH JNFADING INK-THIS IS A PERMANENT RECORD. Every ite	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	TION is very important. See instructions on back of certificate.
	WITH	efully	in pla	ant.
•	AINLY,	ld be car	DEATH	y import
1	E PI	shou	OF	s ver
0.1	WRIT	ation	AUSE	ION i
0.		H	0	Free

	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH U58	322
:	1. PLACE OF DEATH			83	4
County Anne Arundel				Registration Dist. No.	
	Village or City Crownsy	ille St	ate Hosp	St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence in city or town where de	eath occurred	yrs10mos	death occurred in a hospital or institution, give its NAME instead of street and n	sds.
	2. FULL NAME Harry	Thomas			
	(a) Residence: No. Baltim	Ore Cit	y Maryla	andt., Ward.  If nonresident give city or town and	State
	PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	male 4. COLOR OR RACE black	OR DIVORCE	RIED, WIDOWED, O (write the word) Pied	June 10th (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of TOT THE of Nellie May Thomas				22. I HEREBY CERTIFY, That I attended of July 14th 1932, to June 10th	deceased from
6	DATE OF BIRTH (month, day, and year)	1864		Hast saw h im alive on June 10th 19 32	
_	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9: 10Am.	, 400 11 13 0010
	69 Unkn	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
Z	8. Frede, profession, or particular			General Paralysis of the	Date of onset
110	8. Frede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Non	e	In sane	?
JPA	9. Industry or business in which work was done, as SILK MILL,		-		
OCCUPATION	SAW MILL, BANK, etc	11. Total ti	me (years) It in this		
12	. BIRTHPLACE (city or town) Maryla (State or country)			Other Contributory Causes of importance: Syphilis	-3
02	13. NAME Henry Thomas	9			
FATHER	14. BIRTHPLACE (city or town)	nknown		Name of operation Date of	
	(State or country)			What test confirmed diagnosis? Was there an at	u'opsy?
MOTHER		n Hand	7	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MO	16. BIRTHPLACE (city or town)	ryland		Accident, suicide, or homicide? Date of injury	, 19
17	INFORMANT Hospital Re		3	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	(Address) Grownsville	s, Lary	Lano	Manner of injury	
	Thouse Zion Cennete	Marfune 1	3 ,1933	Nature of injury	
19	UNDERTAKERED GEORGE X	ollan	d m	24. Wes disease of injury In any way related to occupation of deceased?	
-	(Address) /6 3 /- Drubid Nil	Proenul-	Ballin	If so specify	
20	FILED 6- 10 , 19 33	M. Co	12 ye	(Staged) Grownsvirle, Marylan	M. D.
-			Régistrar.	H (ALUT053)	4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF	MARYLAND—	CERTIFICATE OF DEATH 1900-0
1. PLACE OF DEATH	10/	(7)3
County Comment Us	undel	Registration Dist. No.
Village or City Sevenn	(II	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or Jown where death		ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME ///witte	Titus	
(a) Residence: No. A Seven	N RFW	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	0.0	- Crusa
(or) WIFE of anotama	ble	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)		1 lest saw h elive on June 14, 19.3.3; death Is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
3 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arssuals	fished Sport us Right Date of once
9. Lydustry or business in which	Carrier J.	puar 9 strang
work wes done, as SILK MILL, SAW MILL, BANK, etc.		Mundalad
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	f. f francis og
	1	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	10127	
LI 13. NAME		
13. NAME  14. BIRTHPLACE (city or town)		Name of operation
(State or country)	ear	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME		23. If death wes due to externel causes (VIOLENCE) fill in also the following:
To 16. BIRTHPLACE (city or town)	Janny	Accident, suicide, or homicide? Date of injuryarsul, 19_8
∑ (State or country)		Where did injury occur?
17. INFORMANT LONG College (Address) Odraction	un.	(Specify city or town, county and State) Specify whether injury occurred in NOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place A Add 0	ate fine 19, 19 8-	Nature of injury
19. UNDERTAKER // (Address)	J. Music Co	24. Was disease or injury in any way related to occupation of deceesed?
Quanto 23 Most	Cones	(Signed) ho sake ho h Many Gound M.
20. FILED JUNE 19, 1933 N.J.	Local Registrar.	(Address) Oderslin JM4
If more bland	s are needed, address State Registrar	, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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8. ż

1. PLACE OF DEATH	hamas	7.6	(172)	4
County Frm Of	mici		Registra	tion Dist. No.
Village or City			death occurred in a hospital or institution, give its N	AME instead of street and number)
Length of residence in city or town where	death occurred	yrsmos	ds. How long in U.S. if ol foreign birth	i?yrsmosc
2. FULL NAME	now	n		
(a) Residence: No.			St.,Ward.	
	(Usual place		If nonres	ident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICA	ATE OF DEATH
SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Day) (Year)
. If married, widowed, or divorced HUSBAND of (or) WIFE of				IFY, That I attended deceased for
DATE OF BIRTH (month, day, and year)			I last saw h alive on	
AGE Years Dentis	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated abova, at The PRINCIPAL CAUSE OF DEATH and related	m.
8. Trade, profession, or particular	0	, 01	were as follows:	Date of on:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Hound in Sunt	last al
9. Industry or business in which work was done, as SILK MILL.			Naval Aradem	L Dronnect
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1. O. Date deceased last worked at this securation (month and		June 17 - 33		
this occupation (month and year)	spen	me (years) It in this Ipation	/	
1	0000	pation	Other Contributory Causes of importance:	
. BIRTHPLACE (city or town)		P		
1				
13. NAME	M			
14. BIRTHPLACE (city or town)	/		Name of operation	Date of
(State or country)			What test confirmed diagnosis?	Was thera an autopsy?
15. MAIDEN NAME			23. If death was due to external causes (VIOLENC	(E) fill in also the following:
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	Date of injury, 19
(State or country)			Where did injury occur?	ty or town county and State)
. INFORMANT			(Specify of Specify of Specify of Specify of Specify whether injury occurred in INDUSTRY, in	in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, DR REMOVAL	sel a	1 17 93	Manner of injury	
Place Te A. Ca Stary	Date June	1950	Nature of injury	
. UNDERTAKER - 3 16 (Address) Anna	mar	2	24. Was disease or injury in any way related to o	
FILED/11 17, 19 33 7	-16 C.	mu 2	(Signed) Am M H	pun Ally N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

1	info sta UP.	1	. PLACE	OF	DEA	TH _			
8	of CC		County_			an	ne	- a	unde
V	item of should of OCC		Village (	or Ci	ty	lve	it	Riv	4-
X			Length of	resid	denco in ci	ty or town where	e death	oecurred	yrs,
	Every MANS Ement	2	. FULL !			1 - 11 4	in	ka	mest 1
	75 5		(a) Resi					West (Usual place	
O	RECORD PHYS Exact sta		PERS	ON.	AL AN	D STATIS	TICA		
		3. S	EX		4. COLO	R OR RACE			RIED, WIDOWED,
r h	LY		Mal	Le	2	ugio		DIVORCE	D (write the word)
N	RMANEN X A C T I classified	5e.	If married, wi	dowe	ed, or divo	rced V			1
<u>E</u>	MA A ass		(or) WIFE o	f	/	no			
BIND	PERMANENT d EXACTLY rly classified. cate.	6. D	ATE OF BIR	TH (	month, day	, and year)	Dece	mber	5-1932
R	70 7 0	7. A	GE	Year	2	Months		Days	If LESS than
FO	IS A ] stated proper					6		4	ormin.
Q	00 000	NO	8. Trede, pa	of w	sion, or pa ork done,	rticular as SPINNER, PER, etc	,	uma	
VE	<u> </u>	OCCUPATION	9. Industry	or b	usiness in	which			
J.R.	VK.T. should it may n back	15	Work SAW	was MILL	done, as S ., BANK, e	ILK MILL,			
ESF	1 50	00		ссир	d last wor ation (mor	ith and		spa	ime (yeers) nt in this upation
IN R	Se cti	12.	BIRTHPLACE (State or	, ,	,	a.a	ź	loun	ty_
RG	UNFAI supplied. n terms, ee instru	2	13. NAME	-	10	lan H		. 1 -	thi
	D = 4	ATHER		Aor		1	. 0	y wa	d
1	TO	FA	14. BIRTHPL.		country)	wn)		CARL	My-
		ER	15. MAIDEN	NAM	IE X	the	Re	na	Johnson
	4	MOTHER	16. BIRTHPL		(city or to country)	wn)	. a	- Col	my
•		17. 1	NFORMANT _ (Address)		ta	ther			
	E PLA should OF D	18.	BURIAL, CREA		ON, OR RI	MOVAY O	-		- T.
1	F		Plece C	L	dan	uslig	ello	teD	me 11, 19 30
0.1	mation CAUSI	19. (	JNDERTAKER (Address)		Joh	u H		Thor	read.
No.	ë.		(Mediess)		10	Jour	la	ch's	011

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STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) \_\_mos.\_\_\_\_ds. How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH I HEREBY CERTIFY. That I ettended deceased from to have occurred on the date stated above, at 11. 45% m The PRINCIPAL CAUSE OF DEATH and related causes of importance

Name of operation...... Date of..... What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_\_19\_\_\_\_\_ Where did injury occur? ...

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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\_\_\_hrs.

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se of death and related causes re as follows:	Date of onset
	1 week ago
ir	1 week ago
	3 days ago
y causes of importance:	
	1 year
	y causes of importance:

PHYSICIANS should state Exact statement of OCCUPA-NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(34)
County anne brundle	Registration Dist. No. 22
Village or City Jessey L. hungland	death occurred in n hospital or institution, give its NAME instead of statest and number)
Length of residence in city or town where death occurredyrs3mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Buch Nebster	1-1
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from at 5:45 a. M. he had been deaths
6. DATE OF BIRTH (month, day, and year) Cural 0 1909	Host saw h Desironal hours, 19 , death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, atm.
8 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Found dead in Red. Cros. R.
9. thdustry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. tindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end) spent in this	Orienous good health, except for
year) occupation occupation	Dther Contributory Causes of importence:
12. BIRTHPLACE (city or town) A stronglus (State or country)	
13. NAME Bob Allston	
13. NAME 5 A GLOCATION 14. BIRTHPLACE (city or town) Local Rancounts	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autoby? ???
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[6, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Marylan Ham of Comertion (Address)	Where did injury occur?
18. BURIAL, CREMATION, DR REMOVANT, extruction of	Manner of injury
Piace / lenah. Date June J., 19.3.3	Nature of injury
19. UNDERTAKER Seo: Weldon (Address) The enal westmoulded	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Jane 3, 1933 Colara M Hashafr Registrati	(Signed) Let let Marght M. D.  (Address) Lessan M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Example 1	li i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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statement	/	
Exact		4
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA		Average     Average
properly	TION is very important. See instructions on back of certificate.	
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tit	on	1
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terms, s	instruc	
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X	18	
CAUE	TION	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel Registration Dist. No. 21 County Village or City Annapolis Street (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. John Hebb Wells 2. FULL NAME rancis St. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State ERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 193 3 June white married (Month) (Day) (Year) Sa. If married, widowed, or divorced R. HUSBAND of Emma 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Jan. 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at \_\_\_\_\_\_m. 1 day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 30 or ..... min. were as follows: Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, Cler SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Dr. V. SAW MILL, BANK, etc .... 11. Total time (years) 1D. Date deceased last worked at this occupation (month and spent in this year) \_\_\_\_\_ occupation \_\_ Other Contributory Causes of importance: t2. BIRTHPLACE (city or town). (State or country) arvland. 13. NAME James 14. BIRTHPLACE (city or town) 42 e 42 e Name of operation ... (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 19 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_\_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? ohn 19. UNDERTAKER annano (Address) If so, specify Registrar. (Address) \_ /\_/

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		natiosAGA Ta	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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UR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of inforof OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

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CAUSE OF DEATH in plain terms, so that

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TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 55839
1. PLACE OF DEATH	
County a for	Registration Dist. No.
Village or City / Werra Black	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Darbarage	Vill
(a) Residence: No. 2 / 8 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR TRACE 5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (Africe the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced . HUSBAND of (or) WIFE of	I HEREBY CERTIFY, That I attended deceased from
10.70.10.70	Hast saw her alive on Jessee 14 1983 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Z. P. m.
( ) /   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	wera as follows: Date of one of Date of one of
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  SINUSTRY or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Data deceased last worked at this occupation (month and	in youral capsule
Mindustry or business in which	of felt brain
work was done, as SILK MILL, SAW MILL, BANK, etc.	of ref. was
Data deceased last worked at this occupation (month and year)	
13 BIRTURI ACE (situat town)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	arterias selerasis
" 13. NAME / eles J. Rugheimer	a decourse of executive
E	
14. BIRTHPLACE (city or town)	Name of operation Date of Date
I 15. MAIOEN NAME ashering togamen	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(Stata or country) Humbury	Where did injury occur?
17. INFORMANT FLO Way Constants	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Baltimore Impare fune 17, 1933	Nature of injury
Who days & 19 H	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AND CONTROL (Address)	If so, specify
6-14 32 2 6 12 10 60	(Signed) Thos. H Chillips M. D.
20. FILED 0 7 19 0 a . C C C C C C	M. D.

(Address)

Registrar.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	4 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonito	3 days ago
		14 6	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	NT RECORD. Every item of infor-	LY. PHYSICIANS should state	. Exact statement of OCCUPA-	1
RGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	tructions on back of certificate.
a T	-WRITE PLAINLY, WITH UNF	mation should be carefully suppli	CAUSE OF DEATH in plain term	TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	2	Ci	13	6 %
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1. PLACE OF DEATH			(131)	0000
County Anne Arun			Registration Dist. No. 2I	
Village or City Laksohre			No.	Ward
Length of residence in city or town when	e death occurred 1:	(1	f death occurred in a hospital or institution, give its NAME instead of street and s	1 1
	ert Will			1103
	shore, M	d.	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	d Diate
3. SEX 4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCEI Mary	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 15th (Month) (Day)	., 193_3
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen S. Wi	lliams		22.   HEREBY CERTIFY. That I attended May ,1930, to June 15th	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	TR49	I last saw him alive on June 15th 1933 to have occurred on the date stated above, at 9 m.	; death is said
83 6	29	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	.Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	retired		Chronic myocarditis Chronic parenchymatous nepht:	itis
SAW MILL, BANK, etc		me (years) it in this ife pation life	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)(State or country)	Lakeshor	e Md.		
13. NAME James E.	Williams			
13. NAME James E.  14. BIRTHPLACE (city or town) (State or country)	Md.		Name of operation Date of What test confirmed diagnosis?Clinical Was there an	
15. MAIDEN NAME Elizal	oeth Star	sbury	23. If death was due to external causes (VIOLENCE) fill in also the followin	
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Mrs. Hell (Address) Lakes	en S. Wi		(Specify city or town, couaty and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Magothy Cem.			Menner of injury	
19. UNDERTAKER J. F. De (Address) Baltimore 20. FILED 6-15, 19 33	nny Z-Ce.	A Ucó	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  Upa decay	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examp	ole I	e di anno per	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1111 11104	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of in	mportance:	M 1 102@	Other contributory causes of importance:	
Guisiones		May 1,1923	Gastroenterius	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05831
1. PLACE OF DEATH	<u> </u>
County Cuma Cumdal	Registration Dist. No. 20 No.
Village Dr City Varinons SY.	ND. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jufant Willea	
(a) Residence: Np. Stamms	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) A but 27 h 33	Liest saw h Jahren Th 10 3 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
Still from un tent 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	1100
Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc	Jack Com
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  Occupation	tu faux
12. BIRTHPLACE (city or town) Samusinis aaco (State or country)	Other Coutributory Causes of importance:
4 14. BIRTHPLACE (city or town) 4 C C MC (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mas the Car Ran	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Mas The Jan Dan  16. BIRTHPLACE (city or town) a late Than Jan Jan Jan Jan Jan Jan Jan Jan Jan J	Accident, suicide, or homicide? Date of injury 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Saw ha Carken (Address) Hammas allo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place James Date Date 2 14, 33	Manner of injury
19. UNDERTAKER OLIVEN PAULU.  (Address) Tarmons Told	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6 27 , 19 33 AMBEALITAN Registrar.	(Signed) Mu Mayaude M. D.
If more blanks are moded address State Bound	N. C. L. C D. L

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	ì		

infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones , **	May 1,1923	Gastroenteritis	1 year

SIAIL 1. PLACE OF DEATH	OF MARYLAND-	-CERTIFICATE OF DEATH U5,833
County Anne A	rundel	Registration Dist. No. 21
Village or City Annapol	is, Md.	ND. 17 South gate Ave., St., 3 Walf death occurred in a hospital or institution, give its NAME instead of street and number)
		sds. How long in U.S. if of foreign birth?yrs,mos
2. FULL NAME JENNIE		
(a) Residence: No. 17 Sou	(Usual place of abode)	St., 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Wm . N. WOO	dward	22. I HEREBY CERTIFY, That I attended deceased fi
6. DATE OF BIRTH (month, day, and year)	uly 27. 1865	Plast saw h. W. alive on June 17, 1933; death is s
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
67 10	17 I day,hrs	were as follows of DEATH and terated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	none	Carcinomy / Uterus/ No
9. Industry or business in which work was done, as SILK MILL,		with general metant, the
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last workad at this occupation (month and year)	11. Total time (years) spent in this occupation	0
	dham. Mass.	Dther Contributory Causes of importance:
		Vapenina
14. BIRTHPLACE (city or town)	ngland	Name of operation Date of
		What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	rance	Accident, suicide, or homicide?
17. INFORMANT Dodge W	ordered und.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	mt Date June 15,19 3	Mannar of Injury
19. UNDERTAKER John M. Ta (Address) Annapolis	W	24. Was disease or injury In any way related to occupation of daceased?
20. FILED 14, 19.33	y C. fra uTv.	(Signad) Walton It It offer M
If mo	re blanks are needed, address State Registra	2411 N. Charles Street, Baltimore Requesting 9) S. No. 2

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
*			